M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04290

Reg. Dist. No. 2-4

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15410 Norwood Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE No. Carolina COUNTY Buncombe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Asheville
STREET ADDRESS (If rural, give location) 42 Oak Park Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Starr	Adams	April	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	May 15 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tilem Adams	Elizabeth A. Tearley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	—	Mrs. Leslie Weatherford Silver Spring Md. 15410 Norwood Pike

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric Thrombosis	4/22/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerosis	?
	(c)	3/4

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion ✓ — 3/1/52

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—		—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		—

22. I hereby certify that I attended the deceased from 4/22/, 19 52, to 4/24/, 19 52, that I last saw the deceased alive on 4/23/, 19 52, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Sandy Spring	4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-24-52.	Riverside Memorial Cemetery	Asheville	No. Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/24/52	Frances Potter	Warren E. Dunphey	Silver Spring Md.

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04291

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shamon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2830-28 St N W
STREET ADDRESS (If rural, give location) Washington D C

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) S (Last) Adams
4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1952

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH 5/4/1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Agusta Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Katheryn D Chapman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute congestive heart failure	2 wks
4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	2 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/26, 1952, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE A. D. Bonifacet (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 4/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-30-52
NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L
LOCATION (City, town, or county) (State) ARLINGTON VA

DATE REC'D BY LOCAL REG. 4-28-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR W W Chambers Co
ADDRESS 1400 Chapin St NW WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1962
BUREAU W. S.

04292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2939 Woodstock Ave.

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) John (Last) Adorian

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 27, 1913
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Louis Adorian
14. MOTHER'S MAIDEN NAME: Rose Kuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	ANURIA	4 days
	DUE TO		
Antecedent cause(s)	(b)	Heart Failure	3 mos
	DUE TO		
	(c)	Rheumatic Heart Disease	—

416X

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb., 1952, to April 15 1952, that I last saw the deceased alive on April 15, 1952, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE Morris Perry (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 4-15-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF April 18, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REG. 4/15/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E Pumphrey ADDRESS 8434 Ga one Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04293

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 23 Phila. Ave. Takoma Park — LENGTH OF STAY (In this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 23 Phila Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Massachusetts — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Bedford
STREET ADDRESS (If rural, give location): 126 Florence St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLEN	WINIFRED	ALLEN	April	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
FEMALE	WHITE	Widowed	april 21 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Edward Abbeldenton
14. MOTHER'S MAIDEN NAME: Elizbet Holiday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Anne M. Hodgson 23 Phila. Ave Takoma Park Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary occlusion — Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION	21b. MAJOR FINDINGS OF OPERATION	22. AUTOPSY?
		Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bonenfant M.D. — Gaithersburg md — 4-30-52

25. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Transit-Burial — May 2-1952 — St. Marie - New Bedford Mass

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 26. FUNERAL DIRECTOR — ADDRESS

Apr. 30-1952 — J. Milton Dodd — J. Arthur Walters — 254 Carroll St. Takoma Park D.C.

VS. A15A

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Penn. — COUNTY: Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Run
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Grattins (Last) Anthony
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct 31 - 1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Mail Carrier
11. BIRTHPLACE (State or foreign country): Big Run Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Peter Johnson Anthony
14. MOTHER'S MAIDEN NAME: Rachel N. Cochran
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT AND ADDRESS: 4443 Harrison St. N.W. D.C. Daughter Mrs Blanche Chedester -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach — 6 Weeks

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis of Carcinoma to Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-16-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach with Metastasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1952 to 4-29, 1952, that I last saw the deceased alive on 4-29, 1952, and that death occurred at 7:52 a.m., from the causes and on the date stated above.

SIGNATURE: P. P. Andrews M.D. (Degree or title) — ADDRESS: Washington 16 D.C. — DATE SIGNED: 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-29-1952 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Big Run, Pa.

DATE REC'D BY LOCAL REG.: 4/29/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Joseph Hurler Sons, 1706 Pennsylv. N.W. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLNEY — LENGTH OF STAY (in this place): 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): R #1

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) J. (Last) Atwood
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6/18/70
9. AGE last birthday: 81 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Philip Howser
14. MOTHER'S MAIDEN NAME: Harriet [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Rheumatic Heart Disease	years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from , 1948, to ~~March~~ April 11, 1952, that I last saw the deceased alive on ~~March~~ April 11, 1952, and that death occurred at 11:15 p m., from the causes and on the date stated above.

SIGNATURE: Richard A. Yates (Degree or title) M.D. — ADDRESS: Olney, Md. — DATE SIGNED: April 12, 1952

23. BURIAL, CREMATION REMOVAL, (Specify) [illegible] — DATE THEREOF: [illegible] 4 [illegible] — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 4-12-52 — REGISTRAR'S SIGNATURE: Gertrude B. Fawler — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

RECEIVED
APR 17 1952
BUREAU

MARGIN RESERVED NOT BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural, give location) R.1

3. NAME OF DECEASED (Type or Print) (First) Zadie (Middle) Ellen (Last) Ayton
4. DATE OF DEATH (Month) Apr. (Day) 19 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12-26-79
9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Samuel Dayton
14. MOTHER'S MAIDEN NAME Elizabeth Ray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction — 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cecum. with Metastasis — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/8/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma Cecum, Metastasis.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 4/11, 1952, to 4/19, 1952, that I last saw the deceased alive on 4/19, 1952 and that death occurred at 5:55 a m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Mrs Sandy Spring 4/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 21 1952 NAME OF CEMETERY OR CREMATORY Laytonsville Md LOCATION (City, town, or county) Montgomery Md (State)
DATE REC'D BY LOCAL REG. 4-20-52 REGISTRAR'S SIGNATURE [signature] B Lawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Rural

LENGTH OF STAY (in this place) [illegible] mos. [illegible] dys.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 4502 [illegible]h Street, NW

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Leslie (Last) BALES

4. DATE OF DEATH: (Month) (Day) (Year) April 7, 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 9, 1893

9. AGE last birthday: 58 yrs

IF UNDER 1 YEAR: Months 04 Days 20

IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: John H. BALES

14. MOTHER'S MAIDEN NAME: Louise LUSK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Louise P. BALES, [illegible]

18. MEDICAL CERTIFICATION [illegible] as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ventricular fibrillation	2 min.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive and arteriosclerotic cardiovascular disease	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 19 51, to Apr. 7, 19 52, that I last saw the deceased alive on Apr. 7, 19 52, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE W. L. Hall (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. L. [illegible], LTJG, MC, USNR U.S. NAVAL [illegible], BETHESDA, [illegible] April 8, 19[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF Apr. 10, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS S. H. [illegible] Funeral Home, [illegible] NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 10 1952
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Kensington
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11010 West Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Kensington
STREET ADDRESS (If rural, give location): 11010 West Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Crawford (Last) Banks

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [redacted] WIDOWED

8. DATE OF BIRTH: Aug. 26, 1862

9. AGE: Last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife - retired

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Laytonsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil B. Crawford

14. MOTHER'S MAIDEN NAME: Jemima E. Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Earl Reed, 11010 West Ave., Kensington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Bronchopneumonia	7 days
Antecedent cause(s) (b)	Auricular fibrillation	years
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Aortic regurgitation; hypertension	years

121.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1946, to April 17, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 9.04 P. m., from the causes and on the date stated above.

SIGNATURE: Katharine A. Chapman, M.D. (Degree or title)
ADDRESS: 3924 Baltimore St. Kensington, Md.
DATE SIGNED: April 17 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-20-1952
NAME OF CEMETERY OR CREMATORY: Goshen
LOCATION (City, town, or county) (State): Montgomery Maryland

DATE REC'D BY LOCAL REG.: 4/18/52
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Roberts A. Pumphrey
ADDRESS: Bethesda, Md.

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jo'lifer Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 500 Northwest Dr

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) M. (Last) Barnhart
4. DATE OF DEATH (Month) April (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7/30/1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James Collins
14. MOTHER'S MAIDEN NAME Elizabeth Klinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Donald C. Barnhart, 500 Northwest Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 wks
440 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	5 yrs
	(c) Essential Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis — 3 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1949, to 8 April 1952 that I last saw the deceased alive on 7 April, 1952, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE Merton T. White, (Degree or title) M.D. ADDRESS 9715 Georgia Ave, Silver Spring, Md DATE SIGNED 8 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/52
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. 4952
REGISTRAR'S SIGNATURE Frances Otter
24. FUNERAL DIRECTOR Warren C. Tumbrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Columbia
STREET ADDRESS (If rural, give location) 812 Jefferson St. NW.

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) (Last) Berry
4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 11 1893
9. AGE: Last birthday 59 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retd
11. BIRTHPLACE (State or foreign country): Montgomery Ala
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aaron B Thweatt
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Charles Y. Berry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis, Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 Wk - 10 days / Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from March 27, 1952, to Apr 5, 1952, that I last saw the deceased alive on Apr 5, 1952, and that death occurred at 7:03 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. W. Wolcott MD ADDRESS 673 Underwood NW Wash. DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-15-52
NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem.
LOCATION (City, town, or county): Prince Georges (State): Md.

DATE REC'D BY LOCAL REG.: Apr 5-1952
REGISTRAR'S SIGNATURE: J. Milton Lodge
24. FUNERAL DIRECTOR: W. R. Hawkins & Son ADDRESS: 5139 Ga Ave Wash DC.

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. . . . 14

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS 4203 (If rural, give location) Ill. Ave NW

3. NAME OF DECEASED (Type or Print) (First) DEALY (Middle) C (Last) BOALO

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-31-66
9. AGE last birthday 86 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Grocery Merchant
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Boalo
14. MOTHER'S MAIDEN NAME Marietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Howard Boalo Pittsburg Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility - in uremia	48 hrs.
334X Antecedent cause(s)	(b) Generalized + Cerebral arteriosclerosis	years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1952, to April 14, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE Seymour Greenbaum (Degree or title), M.D. ADDRESS 9300 Ewing Drive, Bethesda Md. DATE SIGNED 4/15/52

23. BURIAL, CREMATION REMOVAL (Specify) DATE 4-17-52 NAME OF CEMETERY OR CREMATORY Abbey Mausoleum LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 4/5/52 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Neal Funeral Home ADDRESS 4812 Gallatin DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 17 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY in this place, 3 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jessie (Middle) H. (Last) BOND
4. DATE OF DEATH (Month) April (Day) 16 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH June 1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Johnson
14. MOTHER'S MAIDEN NAME Isabella Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 2
17. INFORMANT AND ADDRESS Joseph. W. Bond.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	3½ hours.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	years.
	(c)	Arteriosclerosis	years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 1950, to April ..., 1952, that I last saw the deceased alive on 4-16, 1952, and that death occurred at 10.50 A.m., from the causes and on the date stated above.

SIGNATURE Richard A. Yates (Degree or title) M.D. ADDRESS Olney Md. DATE SIGNED 4-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 19 1952
NAME OF CEMETERY Friends Amity
LOCATION (City, town or county) Sandy Spring (State) M.D.
DATE REC'D BY LOCAL REG 4-18-52
REGISTRAR'S SIGNATURE Gertrude B. Gaubler
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1952
BUREAU U. S.

Item 21 Film 31.2 4-2?-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) 21 (Year) 19

5. SEX [illegible]

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible] Boerson

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY No. [illegible]

17. INFORMANT AND ADDRESS Methodist Ho [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Concussion from fall in barn

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile dementia, chronic [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 38 hours (b) 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) Md.

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible] floor [illegible]

22. I hereby certify that I attended the deceased from 4-17-, 1952, to 4-21-, 1952, that I last saw the deceased alive on April 11, 1952 and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 7-Broadway, Smithsburg, Md. DATE SIGNED 4-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY St James Cemetery

LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. April 12, 1952

REGISTRAR'S SIGNATURE Ursula L Foxte

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
APR 15 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] Laborer

10b. KIND OF BUSINESS OR INDUSTRY Work on Farm

11. BIRTHPLACE (State or foreign country) Gaithersburg, Md.

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME Samuel Bowman

14. MOTHER'S MAIDEN NAME Elizabeth Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Disease, Degenerative

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Apr. 6, 1952, that I last saw the deceased alive on Apr. 6, 1952, and that death occurred at 10 05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Apr. 7, 52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]

DATE THEREOF 4/9/52

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Apr 7, 1952

REGISTRAR'S SIGNATURE Ursula G. Cooke

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR
BUREAU V. 9,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda Md. — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Bethesda Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
4615 Jocelyn St Washington D C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) C (Last) BOYER
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan 27 1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Baker
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Milton B. Boyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Dissecting aortic aneurysm	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	15 yrs.
	(c) Essential hypertension	20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive heart disease	10 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1942 to April 9, 1952 that I last saw the deceased alive on April 9, 1952 and that death occurred at 9 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel M. Vogt Capt MC — ADDRESS: USN Hosp. Md — DATE SIGNED: 4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 12 1952 — NAME OF CEMETERY OR CREMATORY: Parklawn Memorial Park — LOCATION (City, town, or county): Montgomery Co. — (State): Md.

DATE REC'D BY LOCAL REG.: 4/15/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Jos. W. Barber & Sons — ADDRESS: Silver Spring Md

RECEIVED
APR 17 1952
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-16-8-1

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 2½ days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. — COUNTY: —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 415 37th Place, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) Charles (Last) Bresky

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-22-00

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaning establishment

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simon Bresky

14. MOTHER'S MAIDEN NAME: Pauline Saltzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Acute Myocardial Injarction — 5 days.

DUE TO

(c) Arteriosclerotic + Hypertensive Cardio Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to April 25, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Benjamin Isaacson, M.D. — 7896 Georgia Ave Silver Spring, Md — 4/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Transit Burial — DATE THEREOF: April 25 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Springfield, Mass.

DATE RECD BY LOCAL REG.: April 25 1952 — REGISTRAR'S SIGNATURE: J. Holmes Dodd

24. FUNERAL DIRECTOR: B Davmansky & Son — ADDRESS

3501-14 Ga. Ave. NW

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 8000 Barron St.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Carland (Last) Brown
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-18-88
9. AGE last birthday 63 yrs. (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bismark N. Dak.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John E. Carlan
14. MOTHER'S MAIDEN NAME: Albertina Knaak
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO
201X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hodgkins disease of Abdominal Retroperitoneal Lymph nodes with jaundice — years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1952, to 4-3, 1952, that I last saw the deceased alive on 4-2, 1952, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) Takoma Park ADDRESS Md. DATE SIGNED 4-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Apr 5-1952 NAME OF CEMETERY OR CREMATORY Rock Creek Cem LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. April 3 1952 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR The S H Hines Co ADDRESS 2901-14th St NW Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hyattstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSHUA	W	BROWN	April	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	May 3 1862	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer Miner	Farm	Maryland Montgomery	USA

13. FATHER'S NAME: Joshua W Brown
14. MOTHER'S MAIDEN NAME: Sarah Appleby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
N	—	Raymond Newby Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 10 days

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 1947, to April 16, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jesse B. Kerr	M.D.	Damascus, Md.	4/16/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 18 1952	Montgomery Cemetery	Montgomery Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 17, 1952	Della N. Burdette	Roy W Barber	Poolesville

RECEIVED
APR 21 1952
BUREAU V. S.

Item 8 Film3142 4/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (In this place) 5 yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7809 Old Chester Rd.

3. NAME OF DECEASED (Type or Print) (First) A. (Middle) Marie (Last) Burns
4. DATE OF DEATH (Month) Apr. (Day) 1 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 24, 1857
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carthage, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Patrick Burns
14. MOTHER'S MAIDEN NAME Emily Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Grace Quinlan, 7809 Old Chester Road Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senility, Senile Psychosis

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1946, to Apr. 1, 1952 that I last saw the deceased alive on Apr. 1, 1952 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard B. Thibadeau MD
ADDRESS Silver Spring, Md. Cedarcroft Sanitarium
DATE SIGNED 4/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 4-4-52
NAME OF CEMETERY OR CREMATORY Brookside Cemetery
LOCATION (City, town, or county) (State) Watertown, New York

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7. 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 04310

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Northampton Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 609 Northampton Drive

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Patricia (Last) Burns
4. DATE OF DEATH (Month) Apr (Day) 30 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/3/09
9. AGE last birthday 42 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John J. McNamara
14. MOTHER'S MAIDEN NAME Bertha Douglas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 609 Northampton Drive Major Robert V. Burns, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

Antecedent causes: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-30-52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/5/52
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington County (State) Va.

DATE REC'D BY LOCAL REG 5/5/52
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Warner E. Lumpkin ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Correct ar is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 423

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7313 Flower Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7313 Flower Ave.

3. NAME OF DECEASED (Type or Print) (First) Ray (Middle) Harrison (Last) Chapin
4. DATE OF DEATH (Month) April (Day) 5 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/10/76
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder (retired)
10b. KIND OF BUSINESS OR INDUSTRY Steel Industry
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Chapin
14. MOTHER'S MAIDEN NAME Mary Steward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS 7313 Flower Ave. Mrs. Bertha A. Chapin Takoma Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause (a) Previous Cerebral hemorrhage - Cerebral arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Last 3-4 yrs, to April 5, 1952, that I last saw the deceased alive on April, 1952, and that death occurred at 9.20 a.m., from the causes and on the date stated above.

SIGNATURE Chas. H. Wolohan (Degree or title) M.D. ADDRESS 500 Underwood St. N.W. DATE SIGNED Wash. D.C. 4/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 8, 1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. April 7 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 19[illegible]2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5301 Mass Ave., N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhoads
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) H. H. (Last) Chapman
4. DATE OF DEATH (Month) April (Day) 23 (Year) 1952
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 2-1965
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Kingsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert H. Chatterton
14. MOTHER'S MAIDEN NAME Josephine Willoughby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Josephine C. Barber 5301 Massachusetts Ave. Washington + Vinsdale 1 Sta. 16 DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis

42[illegible] Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1951, to April 22, 1952, that I last saw the deceased alive on April 22, 1952, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: C P Rylard (Degree or title) M.D. ADDRESS 4400-49 St N.W. Washington 16 DC DATE SIGNED 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF April 28-52
NAME OF CEMETERY OR CREMATORY Kingsville Episcopal
LOCATION (City, town, or county) Kingsville Md (State)
DATE REC'D BY LOCAL REG 4/24/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Clarence E. Arthur ADDRESS Fort Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY MONTGY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8460 PINEY BRANCH COURTS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY MONTGY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 8460 PINEY BRANCH COURTS

3. NAME OF DECEASED: (First) KENNETH (Middle) STULL (Last) CLARK
4. DATE OF DEATH: (Month) APRIL (Day) 16 (Year) 1952.

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL 23, 1909
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 1 DAY Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even though retired): OWNER-FLORIST
10b. KIND OF BUSINESS OR INDUSTRY: FLOWER STORE OWNER
11. BIRTHPLACE (State or foreign country): WHITE OAK, MONT. Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES S.J. CLARK
14. MOTHER'S MAIDEN NAME: MARGARET E. STULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: MRS. ADELLE L. CLARK, 8460 PINEY BR CT. SILVER MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hepatic Cirrhosis — 6 mos.
DUE TO
(c)
5810

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 19 49., to 4/16 ..., 19 52, that I last saw the deceased alive on 4/10 ..., 19 52, and that death occurred at 12:20 A m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Merrill M. Cross M.D. 8248 Georgia ave. Silver Spring Maryland 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: APRIL 16, 1952
NAME OF CEMETERY OR CREMATORY: ST. MARKS CEMETERY
LOCATION (City, town, or county) (State): FAIRLAND, MONT. Co., Md.

DATE REC'D BY LOCAL REG. 4/17/52
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR ADDRESS: Takoma Funeral Home 254 Carroll St. Takoma Park Dc

RECEIVED
APR 21 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Rural

LENGTH OF STAY (in this place) 4 mos. 13 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 639 5th Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Neil (Middle) Graham (Last) CLARK

4. DATE OF DEATH: (Month) (Day) (Year) April 19, 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: May 20, 1890

9. AGE last birthday [illegible] yrs. IF UNDER 1 YEAR Months 10 Days [illegible] IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not shown on records

14. MOTHER'S MAIDEN NAME: Not shown on records

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes [illegible]

16. SOCIAL SECURITY No.: - - - - - - - -

17. INFORMANT & ADDRESS: Nephew: T[illegible], 47[illegible] [illegible]son Blvd., Arlington, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Bronchopneumonia	1 week
16X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Abscess, lung	4 months
	DUE TO		
	(c)	Carcinoma, larynx	7 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. [illegible], 1951, to Apr. 19, 1952, that I last saw the deceased alive on Apr. 19, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE Sparks (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. A. [illegible], LCDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Apr. 19, 19[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Apr. 22, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. Apr. 19, 1952 REGISTRAR'S SIGNATURE Edith C. Littlington

24. FUNERAL DIRECTOR W. W. Chambers, 3072 [illegible] Street, [illegible], Washington, D.C. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 22 1952
BUREAU V. S.

04315

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2/1

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonville
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Scaggsville - Burtonsville Rd at Patuxent River.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) R.F.D.#1 St. John's Lane

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Eugene (Last) Coffman
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 23, 1920
9. AGE last birthday: 31 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: (tires)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Coffman
14. MOTHER'S MAIDEN NAME: Bess Dean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO. 219-01-1651
17. INFORMANT AND ADDRESS Baltimore, Md. Mrs. Wendell B. Lembash, 118 South Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to bullet wound — sudden
176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thru skull — death
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Nr. Burtonsville (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 30 '52 1 A m
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted bullet wound

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Broschart M.D. Gaithersburg Md 4-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 4/30/52
NAME OF CEMETERY OR CREMATORY: ~~Geo. A. Farley Funeral Home~~
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Apr 30/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4316223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park — LENGTH OF STAY (in this place) 10 yrs. (?)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7505 Carroll Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

STREET ADDRESS 7505 Carroll Avenue (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) Elizabeth (Last) Cully

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1868

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Union City Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Bennett

14. MOTHER'S MAIDEN NAME: Elizabeth Yaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs. Helen Taylor, 7505 Carroll Ave. Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 25 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio-vascular disease — 9 years

DUE TO

(c) Arteriosclerosis Generalized — Years

445X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Rheumatoid Arthritis — Years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED Whileat work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1943, to April 14 1952, that I last saw the deceased alive on April 14 1952, and that death occurred at 10:20 A. m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter N. Mork M.D. 7701 Carroll Ave. Takoma Park Md. 4-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 16, 1952 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Prince George County, Maryland

DATE REC'D BY LOCAL REG. Apr 14 1952 — REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St. NW Takoma Park, D.C.

VS. A15 8-51

RECEIVED
APR 17 1952
BUREAU V. S.

VS. A-19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 20 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring

STREET ADDRESS (If rural, give location): 918 Silver Spring Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Emily	—	Damss	4	28	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	4-2-90	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Riga Lithuania	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Velmar	Emily Albert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis of the Lungs	
5810	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) with anemia Jaundice and uremia	4 wks
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1952, to 4-28, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Lt Joe F. Meade	M.D.	Takoma Park, 2 Md	4-28-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 1-1952	George Washington Cemetery	Prince Georg County,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 28-1952	J. Milton Hocks	D. Arthur Walters	254 Carroll St. NW Washington 12, D.C.

RECEIVED
APR 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 59 New York Avenue, N. E. ✓

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	James	Edward	DEATON	April	22,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months / IF UNDER 24 HRS Days / Hours / Min.
Male	White	Single	April 20, 1952	✓ 00 yrs. / 00 / 02

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Ellis DEATON	Rosa Virginia WHITEHAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO - - - - -	- - - - - - -	Father: Albert E. DEATON,

18. MEDICAL CERTIFICATION same as Item 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Immaturity	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Prematurity	
	DUE TO (c)		

7620

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M		

22. I hereby certify that I attended the deceased from Apr. 20, 1952, to Apr. 22, 1952, that I last saw the deceased alive on Apr. 22, 1952, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
L. W. [illegible], Lt, MC, USN		U.S. NAVAL HOSPITAL, BETHESDA, MD.	April 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Apr. 25, 1952	Arlington National	Arlington,	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 23, 1952	Edd Whittington	Robert A. Pumphrey Funeral Home,	5501 Wisconsin Avenue, Bethesda, Maryland

2042.1x2342

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Lincoln Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 109 Lincoln Ave

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Rebecca (Last) Delaney

4. DATE OF DEATH (Month) Apr (Day) 27 (Year) 1952

5. SEX Female

6. COLOR OR RACE col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7-12-1896

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Dotson

14. MOTHER'S MAIDEN NAME Jane Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS 109 Lincoln Ave Josephine Delaney Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Valvular heart disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes	12 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held in Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-27-52

23. BURIAL CREMATION REMOVAL (Specify) [illegible] DATE THEREOF [illegible]-52 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG 4/28/52 REGISTRAR'S SIGNATURE Francis Potter

24. FUNERAL DIRECTOR W. Ernest Jarvis Co. ADDRESS 1432-Yon St N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS-A15A

RECEIVED
APR 30
BUREAU V. S.

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age [illegible]pecially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Thomas (Last) Dorsey
4. DATE OF DEATH (Month) Apr. (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 18 1883
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor on
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Emery Grove, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Frank Dorsey
14. MOTHER'S MAIDEN NAME Rebecca Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Vilo Gifson Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CVA, - Cerebrovascular - accident

(c) Hypertension and coronary artery diseases.

INTERVAL BETWEEN ONSET AND DEATH 4/29/52 8h

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. See above

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/23, 1952 and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE George A. Chaney Jr. (Degree or title) M.D. ADDRESS 104 Cheney Chase Dr. Chevy Chase Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1 1952
NAME OF CEMETERY OR CREMATORY Brook Grove Md
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 5/2/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

RECEIVED
MAY 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1 (Layhill)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) R.F.D. # 1 (Layhill)

3. NAME OF DECEASED (Type or Print) (First) Judith (Middle) Louise (Last) Ellison

4. DATE OF DEATH (Month) Apr (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 13, 1952
9. AGE last birthday 3 months (If under 1 year: Months, Days; If under 24 hrs: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Olney, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Ellison
14. MOTHER'S MAIDEN NAME Evelyn Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS John H. Ellison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Vomitus

9:10 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY Month (Day) (Year, Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held on Autopsy X Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Yaithinburg Md
DATE SIGNED 4-14-52

23. INTERIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-16-52
NAME OF CEMETERY OR CREMATORY Norbeck
LOCATION (City, town, or county) (State) Norbeck, Md

DATE REC'D BY LOCAL REG 4-16-52
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville Md

2012273404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. LENGTH OF STAY (in this place) 4 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 102 S. Frederick Ave

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) [illegible] (Last) Engle
4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 19[illegible]

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Aug 31-1874
9. AGE last birthday 77 yrs. If under 1 year Months 7 Days [illegible] If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible] Ann [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 102 S. Frederick Ave [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Degenerative Heart Disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis of coronary arteries	Unknown
	(c) Emphysema	Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1951, to Apr. 21, 1952, that I last saw the deceased alive on Apr. 20, 1952, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M. D. ADDRESS Gaithersburg, Md. DATE SIGNED Apr. 22, '52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 4/23/52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) Gaithersburg. (State)

DATE REC'D BY LOCAL REG. April 22, 1952
REGISTRAR'S SIGNATURE [illegible] Cooke
24. FUNERAL DIRECTOR Ernest J. Gartner. ADDRESS Gaithersburg. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 24 1952
BUREAU V. S.

11324

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1 PLACE OF DEATH: COUNTY Montgomery | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg | MARYLAND LENGTH OF STAY (In this place) 4 yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #2 (Emory Grove)

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Mont | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg | STREET ADDRESS (If rural, give location) R.F.D. #2 (Emory Grove)

3 NAME OF DECEASED (Type or Print): (First) Cora (Middle) Virginia (Last) Fisher

4. DATE OF DEATH: (Month) Apr. (Day) 3 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 12-23-86 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: West Jackson | 14. MOTHER'S MAIDEN NAME: Rosie Hack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Hamer E. Johnson - Gaithersburg md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	hypertension	2 yrs.
	(c)		

420 1

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brouchart (Degree or title) M.D. | ADDRESS: Gaithersburg md | DATE SIGNED: 4-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Burial 5 1952 | NAME OF CEMETERY OR CREMATORY: Brookgrove md | LOCATION (City, town, or county) (State): Poolesville Md

DATE REC'D BY LOCAL REG.: Apr. 4, 1952 | REGISTRAR'S SIGNATURE: Almeda L. Poole | 24. FUNERAL DIRECTOR: Roy W Barber | ADDRESS: Poolesville Md

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2252 N St., N.W., D.C.

3. NAME OF DECEASED: (Type or Print) (First) Bridie (Middle) none (Last) Fitzpatrik
4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: 1-24-1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? ~~XXXXXXX~~ USA
13. FATHER'S NAME: Michael Fitzpatrik
14. MOTHER'S MAIDEN NAME: Brigid Roche
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Inanition due to Reticulum Cell Sarcoma
200.0
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to [illegible], 1952, that I last saw the deceased alive on 4-21, 1952, and that death occurred at 2:54 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS Ave. Takoma Park, Md DATE SIGNED 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial
DATE THEREOF 4/26/52
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town or county) Malden (State) Mass.
DATE REC'D BY LOCAL REG. April 24 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey Inc. ADDRESS 8434 Ga. Ave Silver Springs Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLNEY — LENGTH OF STAY (in this place): 14 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location): R. #2 —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Unnamed John Fritz
4. DATE OF DEATH (Month) (Day) (Year): April 11 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4. 10. 52
9. AGE last birthday: 0 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours 14, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lawrence Fritz
14. MOTHER'S MAIDEN NAME: Helen Beck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) mutiple congenital anomalies (micro-cephalus, bilateral inguinal hernias, patent intraventricular septum, etc.) — 14 hours

1593 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prematurity — 14 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 1:25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: April 12, '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 15, 1952 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington Co. Md.

DATE REC'D BY LOCAL REG.: 4-12-52 — REGISTRAR'S SIGNATURE: Gertrude B Fawler — 24. FUNERAL DIRECTOR: Warner E. Humphrey, Silver Spring Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1957
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11,405 Idlewood Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 11,405 Idlewood Road

3. NAME OF DECEASED (Type or Print) — (First) Dianne — (Middle) Lenore — (Last) Garvin
4. DATE OF DEATH — (Month) April — (Day) 19 — (Year) 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify: S
8. DATE OF BIRTH: March 6, 1952
9. AGE last birthday: yrs — If under 1 year: Months 1, Days 13 — If under 24 hrs: Hours, Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F. Garvin
14. MOTHER'S MAIDEN NAME: Viola Giliotti
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. John F. Garvin, 11,405 Idlewood Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to Vomitus — Found dead in crib

921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held as Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title): Frank J. Broachart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/21/52 — NAME OF CEMETERY OR CREMATORY: George Washington Mem. Cemetery. — LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG: 4-21-52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Warner E. Humphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

2. [illegible] 4404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-5A

RECEIVED
APR 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Park, Md
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Haven Rest Home [illegible] Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) [illegible] Gallatin St. N.W.

3. NAME OF DECEASED (Type or Print) (First) ILA (Middle) MINERVA (Last) GOODWIN

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Oct. 2[illegible], 1871
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Clevenger
14. MOTHER'S MAIDEN NAME Catherine Gephart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible] Mrs Zelpha Homan [illegible] Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

4424 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Apr 3, 1952, that I last saw the deceased alive on Apr 3, 1952, and that death occurred at 11:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] MD ADDRESS 4601-16 E St N W Wash D C DATE SIGNED Apr 3-52

23. BURIAL, CREMATION REMOVAL (Specify) Brandt-Burial DATE THEREOF [illegible]/52 NAME OF CEMETERY OR CREMATORY Mound Hill Cemetery LOCATION (City, town, or county) (State) Eaton, Ohio

DATE REC'D BY LOCAL REG. [illegible] 1952 REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2[illegible] 1[illegible] St. [illegible] Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1937
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Silver Spring
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. I.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Spring
STREET ADDRESS (If rural, give location) Colesville Pike.

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) Gray (Last)

4. DATE OF DEATH (Month) Apr. (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH Apr. 1, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Mont. Co. Md.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Charles Franklin Gray.
14. MOTHER'S MAIDEN NAME Rose Mildred Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis of lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity (35 wks)

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 1, 1952, to Apr 1, 1952, that I last saw the deceased alive on Apr. 1, 1952, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE Frank G. Creslie (Degree or title) M.D ADDRESS 9001 Ga Av. DATE SIGNED Silver Spring Apr.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF April 2, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George's Co., Md.

DATE REC'D BY LOCAL REG. 4/2/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md.

1042301354

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 7 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): First Effie Middle Agnes (Last) Gray

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9.6.79

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Gordon

14. MOTHER'S MAIDEN NAME: Elizabeth Wait

15. EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 weeks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | CITY OR TOWN | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to April 25, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitehurst, M.D. (Degree or title) | ADDRESS: Clarksville, Md. | DATE SIGNED: 4/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/28/52 | NAME OF CEMETERY OR CREMATORY: Providence Cemetery | LOCATION (City, town, or county) (State): Glenelg, Maryland

DATE REC'D BY LOCAL REG.: Apr 24 52 | REGISTRAR'S SIGNATURE: Gertrude B Lawley

24. FUNERAL DIRECTOR: F.C. Higinbotham, Ellicott City, Md. | ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 28 1952
BUREAU V. S.

332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgy — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catharine (Middle) V. (Last) Hackett

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1952

5. SEX F

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify: Married

8. DATE OF BIRTH 4/8/1880

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY HH

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Hannah Johnson

14. MOTHER'S MAIDEN NAME Rachael Anne Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Jos A. Hackett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Cardiac Failure — 1 hr

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. Chronic Myocarditis — yrs

(c) Dr'd when sent for was physician 4/6/52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 7:45 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS Derby Flo DATE SIGNED 4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/11/52 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) Mt Zion, Md (State)

DATE REC'D BY LOCAL REG. 4-11-52 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR AND ADDRESS Robert L Snowden, Rockville Md

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md
LENGTH OF STAY (in this place) 1 mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8402 Georgia Ave

3. NAME OF DECEASED (Type or Print) (First) Perry (Middle) Kimball (Last) Hamilton
4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 2/22/91
9. AGE last birthday 61 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Was Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY Broker generation Co.
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Charles Hamilton
14. MOTHER'S MAIDEN NAME Florence Kimball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wash. San. & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: hrs

434.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) serofibrinous pleuritis — days

(c) Cardiac Hypertrophy & Dilatation severe — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. secondary splenomegaly, hepatomegaly

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1952, to 4/15, 1952, that I last saw the deceased alive on 4/15, 1952, and that death occurred at 11 50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederic Brunswald M.D. ADDRESS Takoma Park Md DATE SIGNED 4/15 52

23. BURIAL, CREMATION REMOVAL (Specify) DATE 4/17 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Apr. 16, 1952 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR ADDRESS 254 CARROLL St N.W. TAKOMA PARK 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4712 Morgan Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Chevy Chase
STREET ADDRESS (If rural, give location) 4712 Morgan Dr.

3. NAME OF DECEASED (Type or Print): (First) MERCULON (Middle) (UNK) (Last) HARRISON

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-7-'84

9. AGE last birthday: 68 yrs. If under 1 year: Months 1 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sup.- Washington Sanitary Suburban Com.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charles Co. Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: J. Harrison

14. MOTHER'S MAIDEN NAME: Julia Ann Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mrs Albert H. Selke-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemmarrhage — 1/2 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma (Primary) of Left pleura — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Primary Carcinoma left Pleura

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1952, to April 12, 1952, that I last saw the deceased alive on April 12, 1952 and that death occurred at 12[15] P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bradley D Hodgkins M.D. — 313 W. Bradley Lane Chevy Chase Md 4/12/52

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 14, 1952

NAME OF CEMETERY OR CREMATORY All Faith Cem

LOCATION (City, town, or county) (State) St. Marys County, Md.

DATE REC'D BY LOCAL REG. 4/13/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Humphreys

ADDRESS Bethesda, Md.

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY [illegible]ontgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Arlington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington

STREET ADDRESS (If rural, give location): 118 North Wayne Street

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
	Grace	Elizabeth	HATFIELD	April 14, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR	IF UNDER 24 HRS.		
					Months	Days	Hours	Min.
Female	White	Widowed	Nov. 19, 1883	68 yrs.	04	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - -	Massachusetts	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Not known	Not know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO - - - -	- - - - - - - -	Daughter: Elizabeth A. HATFIELD, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial Infarction	30 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Thrombosis	30 hrs
4203	DUE TO (c)	Arteriosclerotic Heart Disease	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: Month (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1952, to Apr. 14, 1952, that I last saw the deceased alive on Apr. 14, 1952, and that death occurred at 7:27 A.m., from the causes and on the date stated above.

SIGNATURE: J. W. Eyer — (DEGREE OR TITLE) J. W. EYER, CDR, MC, USN — ADDRESS U.S NAVAL HOSPITAL, BETHESDA, MARYLAND — DATE SIGNED April 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Apr. 14, 1952	Gate of Heaven Cemetery	Hanover,	New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 14, 1952	Edith W. Ellington	James T. Ryan Funeral Home,	317 Penn. Avenue, SE, Washington, D.C.

RECEIVED
APR 16 1952
BUREAU V. S.

Item 21 Film 3142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIS 2-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda — LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

STREET ADDRESS (If rural, give location) Mac Arthur Blvd Route #5

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mabel	Gertrude	Herbert	April	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	June 7	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Frederick - Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gertrude Herbert	Estella Digg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs Charlotte Stott (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Tetanus	
DUE TO		
	(c) Imbedded fragment of wood in Rt. Arm	

913.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Puncture wound	Home	Bethesda, Rt3, Md.		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
3	22	52	M.			Hit with piece of stove wood in fight, lacerating right forearm at that time.

22. I hereby certify that I attended the deceased from ..... to ....., 19....., that I last saw the deceased alive on 3 Apr ....., 1952, and that death occurred at 4.05 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
[signature]	M.D.	Suburban Hospital Bethesda, Md	4 Apr '52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 6 1952	Union Memorial	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/52	Bessie M. Thompson	Robert L. Snowden	Rockville Md

RECEIVED
APR 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. The correct age

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Olney, Dawood
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Genl Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural, give location) Olney Maryland

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Bell (Last) Higgins

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 21-1878

9. AGE last birthday: 74 yrs. If under 1 year: Months 3 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Maynard T. Doyle

14. MOTHER'S MAIDEN NAME: Martha A. Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alvin F. Higgins, Derwood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)--

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)--

(c)

INTERVAL BETWEEN ONSET AND DEATH

561.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/1/52 — NAME OF CEMETERY OR CREMATORY: Forest Lawn — LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG.: April 30, 1952 — REGISTRAR'S SIGNATURE: Arnold L. Cook — 24. FUNERAL DIRECTOR: Ernest C. Parker — ADDRESS: Gaithersburg Md.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville Md
LENGTH OF STAY in this place 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jelloff Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City Md
STREET ADDRESS (If rural, give location) 4106 shepherd st

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) BOYD (Last) HOWE
4. DATE OF DEATH: (Month) (Day) (Year) April 4, 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4/2/1868
9. AGE last birthday: 84 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Boyd
14. MOTHER'S MAIDEN NAME: Mary Skiles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lois Bailey Cottage City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Natural Causes
DUE TO
Antecedent cause(s) (b) Drunkenness Arteriosclerosis
DUE TO
(c) Senility

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1951, to April 4, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 4:45 A.M. from the causes and on the date stated above.

SIGNATURE David S Clayman, M.D. (DEGREE OR TITLE) ADDRESS 6311 Balto Ave Riverdale Md DATE SIGNED 4/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/7/52
NAME OF CEMETERY OR CREMATORY Columbia Gardens
LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 4/6/52
REGISTRAR'S SIGNATURE Amanda Lowney
24. FUNERAL DIRECTOR E Gasche Sons Hyattsville Md ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 1yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Alta Vista Rest Home 6200 Old Georgetown rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1629 Columbia Rd.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Parker (Last) Hubbs
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: May 12, 1873
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Marcellus Howard Houghton
14. MOTHER'S MAIDEN NAME: Carolyn Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: (Daughter) Elisabeth H. Cazin. 6420 Brandt "Brookmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolism	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis	Unknown.
	(c) Arteriosclerotic Heart Disease.	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952, to April 25, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 8:30 P m, from the causes and on the date stated above.
SIGNATURE: George Sharpe (Degree or title) M.D. ADDRESS: 6400 Wisconsin Ave, Chevy Chase, 15, Md DATE SIGNED: April 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 4/25/1952
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 4/28/52
REGISTRAR'S SIGNATURE: Bessie M Thompson
24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co.
ADDRESS: 300-4th St. S.E.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 29

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY [illegible] County — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 5412 Grant Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Laura	(n)	[illegible]TON	April 11, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
Female	Negro	Widowed	July 4, 1854	97 yrs.	9 mos. 07 ds.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - - - -	North Carolina	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Not known	Hannah [illegible]AS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS.
NO	- - - - - - - - -	Daughter: Iona GREEN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, bilateral	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: fracture, Simple, neck rt. femur — 3wks

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 19 52, to Apr. 11, 19 52, that I last saw the deceased alive on Apr. 11, 1952, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (DEGREE OR TITLE) CDR, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: April 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[illegible]	Apr. 15, 1952	Woodlawn Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG. April 11, 1952 — REGISTRAR'S SIGNATURE: [illegible] Whittington

24. FUNERAL DIRECTOR — ADDRESS: Washington & Sons, 4925 Deane Avenue, NE, Washington, D.C.

VS. A15 8-51

RECEIVED
APR 15 1952
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE Last birthday [illegible] yrs. If under 1 year Months [illegible] Days [illegible] If under 24 hrs. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-nephritis 9-2-1950 to 4-1-52 — Interval Between Onset and Death: 19 months

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 9-2-[illegible], 1950, to April-1-, 1952, that I last saw the deceased alive on 3-31-, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

SIGNATURE: Lipscomb E. Miller M.D. (Degree or title) ADDRESS 7-Brooke Av., Baltimore, Md. DATE SIGNED 4-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/2/52

NAME OF CEMETERY OR CREMATORY Forest [illegible]

LOCATION (City, town, or county) (State) Baltimore, [illegible]

DATE REC'D BY LOCAL REG. April 2, 1952

REGISTRAR'S SIGNATURE Amelia L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gartner [illegible] ADDRESS [illegible]

RECEIVED
APR 7, 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) MARYLAND 2 mo. 3 wks 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (First, Middle, Last) Type or Print: Lewis Johnson

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 11. 12. 1872

9. AGE last birthday 79 yrs. If under 1 year Months / Days / Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Johnson

14. MOTHER'S MAIDEN NAME Melvina Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 422 2

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy 3 yrs

19a. DATE OF OPERATION

19b MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 49 , to 4/11 , 19 52 , that I last saw the deceased alive on 4/10 19 52 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

MD Sandy Spring, Md 4/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/14/52

NAME OF CEMETERY OR CREMATORY Sandy Spring

LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 4-13-52

REGISTRAR'S SIGNATURE Gertrude B. Lamb

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Olney

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information call for fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 17 1957
BUREAU K.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

12

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7204 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7204 Hampden Lane

3. NAME OF DECEASED (Type or Print) (First) O'NEAL (Middle) M. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) April 6, 1952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 21, 1894
9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C.P.A.-Self Employed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles M. Johnson
14. MOTHER'S MAIDEN NAME Olive MacKemson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hazel W. Johnson-Same as Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	2 hours
162x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of lung, bronchogenic	1 year
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1948, to April 6, 1952, that I last saw the deceased alive on April 6, 1952, and that death occurred at 6:46 P m., from the causes and on the date stated above.

SIGNATURE Robert G. Angle (Degree or title) M.D. ADDRESS 5029 Bethesda Avenue Bethesda DATE SIGNED Maryland April 6

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-9-52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 4/8/52
REGISTRAR'S SIGNATURE Jessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~212~~ 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) John (Last) Jones
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 3, 1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired, Not active
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Dickerson, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Thomas Jones
14. MOTHER'S MAIDEN NAME: Alice Fectig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Daughter. Lena Brewer Glen Bernie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 weeks
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Senile arteriosclerotic nephrosclerosis	4 years
	DUE TO (c) Generalized arteriosclerosis with Arteriosclerotic Heart disease	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diverticulum of bladder, multiple calculi of bladder, Prostate hypertrophy, Hypertrophic arthritis mildly. undetermined.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to April, 1952, that I last saw the deceased alive on 15 Apr., 1952, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE Gordon M. Smith, MD (DEGREE OR TITLE) ADDRESS Barnesville, Md DATE SIGNED 15 April 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr-17-52 NAME OF CEMETERY OR CREMATORY Monocacy LOCATION (City, town, or county) Beallsville, Md (State)
DATE REC'D BY LOCAL REG. 4/18/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
APR 21 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 mos, 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Youngstown
STREET ADDRESS (If rural, give location) 229 W. Madison Ave.

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) (Last) Kauffman
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1952

5. SEX: F
6. COLOR OR RACE: Hebrew
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Ap. 20 1890
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Miller
14. MOTHER'S MAIDEN NAME: Goldie Pollz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Generalized Carcinomatosis from Adenocarcinoma of right breast — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic Heart Disease — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1951, to 4-4, 1952, that I last saw the deceased alive on 4-3, 1952, and that death occurred at 6:45 A.m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Dr. Joe K. Meade M.D. Takoma Park Md. 4-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr 6/1952
NAME OF CEMETERY OR CREMATORY Children of Israel
LOCATION (City, town, or county) (State) Youngstown, Ohio

DATE REC'D BY LOCAL REG. Apr 4 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS 254 Carroll St Takoma Park D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1932
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. #2 Silver Spring
LENGTH OF STAY (in this place): 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mrs. Jollifs Home for Elderly Persons

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D C
STREET ADDRESS (If rural, give location): 204 Quackenbos St NW

3. NAME OF DECEASED (Type or Print): (First) Cecilia (Middle) ✓ (Last) Klotz

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D C
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W O'Conner
14. MOTHER'S MAIDEN NAME: Della Corridon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Nursing Home Records - R.F.D. #2 SS Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral-Vascular Accident — 27 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1952 to April 28, 1952 that I last saw the deceased alive on April 27, 1952 and that death occurred at 9 40 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 1009 Seminary Rd. Silver Spring, Md. — DATE SIGNED: April 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 5/1/52 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 4/28/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Thos. S. Hines Co. — ADDRESS: 2901 14th St Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 30 1952
BUREAU V. S.

04346

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 708 Phila. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — ~~COUNTY~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 301 New Jersey Ave. S.E.

3. NAME OF DECEASED (Type or print) (First): Edward (Middle): S. (Last): Lemon

4. DATE OF DEATH (Month): Apr (Day): 29 (Year): 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-8-1865

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harry D. Bond, 301 N.J. Ave. S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Found dead in bed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	hypertension	2 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brosshart (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-29-52

23. BURIAL CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: Apr. 29. 1952 — NAME OF CEMETERY OR CREMATORY: Lees Crematorium — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: Apr. 29-1952 J. Nelson Dodd

24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co. — ADDRESS: 300-4th St N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Poolesville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville-Rural
STREET ADDRESS (If rural, give location) Near Poolesville

3. NAME OF DECEASED (Type or Print): (First) VIRGIE (Middle) ELIZABETH (Last) LENHART

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: 29 Sept 1884

9. AGE last birthday: 67 yrs
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montgomery County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Cooley

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Clyde W. Lenhart, Poolesville, Maryland

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute pulmonary congestion	3 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardiovascular Disease	1 year
	(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 April, 1952 to 18 April, 1952, that I last saw the deceased alive on 18 April, 1952 and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE: John L. Fawcett M.D. (Degree or title)
ADDRESS: Boyds Md
DATE SIGNED: 19 April 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 21 Apr 1952
NAME OF CEMETERY OR CREMATORY: Utica Cemetery
LOCATION (City, town, or county) (State): Nr Lewistown, Maryland

DATE REC'D BY LOCAL REG.: 4/22/52
REGISTRAR'S SIGNATURE: Charles W. Elgin Per D.J.E.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland
ADDRESS

RECEIVED
APR 25 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) [illegible] hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 5401 30th Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Hazel (Last) LITTLE

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 20, 1893

9. AGE last birthday: 5[illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE State or foreign country Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph LITTLE

14. MOTHER'S MAIDEN NAME: Mary J. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) YES (If Yes, give war or dates of service) WW I & II

16. SOCIAL SECURITY No.: - - - - - - -

17. INFORMANT & ADDRESS Wife: Hilda E. LITTLE, same as item 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

420.1 DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10 1952, to Apr. 10, 1952, that I last saw the deceased alive on Apr. 10, 1952, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE W. L. Hall (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. L. HALL, LTJG, MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. Apr. 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr. 21, 1952 NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Apr. 19, 1952 REGISTRAR'S SIGNATURE Edith C. Pellington

24. FUNERAL DIRECTOR S. H. Hines, 2901 14th Street, N.W., Washington, D.C. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 mos. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY - - - - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3928 South Dak[illegible] Avenue, N. W.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Charles (Last) LONG

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 28, 1[illegible]98

9. AGE last birthday: 54 yrs. [illegible] mos. [illegible] ds. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Petty Officer, U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James D. LONG

14. MOTHER'S MAIDEN NAME: Leah MAYCOCK

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes WW I & II

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT & ADDRESS: Brother: Fred L[illegible],

18. MEDICAL CERTIFICATION same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO Hypertensive cardiovascular disease	1 yr. 2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension	12 years
443X	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infarction — 1 week

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work [ ] Not while at work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952, to Apr. 4, 1952, that I last saw the deceased alive on Apr. 4, 1952, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) D. O'[illegible]AN, [illegible], MC, USN ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED April 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] DATE THEREOF Apr. 8, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. Apr. 5, 1952 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR S. H. Hines Funeral Home ADDRESS 901 14th St., N.W., Washington, D.C.

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APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring.

LENGTH OF STAY (in this place): 3 wks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 403 Southampton Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 403 Southampton Dr.

STREET ADDRESS (If rural, give location): Silver Spring, Md.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MAC EACHERN. (Last)

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 52

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 13 March 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aberdennshire, Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murray

14. MOTHER'S MAIDEN NAME: Mary White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unk.

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: 403 S. Hampton Drive, Mrs. Irving W. Stultz, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral + Pulmonary Thrombosis	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized arteriosclerosis	2 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 19 52, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph McDonald M.D. ADDRESS 7309 Riggs Road W. Hyattsville, Md. DATE SIGNED 4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial

DATE THEREOF: 5/27/52

NAME OF CEMETERY OR CREMATORY: Peoples Cemetery

LOCATION (City, town, or county) (State): Queens County Price Edward Isla Canada

DATE REC'D BY LOCAL REG. 4/24/52

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner & Lumphrey

ADDRESS: 8434 Georgia Avenue Silver Spring, Maryland

: Coroner notified and approved.

Joseph McDonald M.D.

RECEIVED
APR 29 1952
BUREAU V. S.

M

VS. A15 8-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 2231 California Street, N.W.

3. NAME OF DECEASED. (Type or Print) (First) (Middle) (Last): Margaret Emeline MARCOUX

4. DATE OF DEATH: (Month) (Day) (Year): April 20, 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1917

9. AGE last birthday. 35 yrs. IF UNDER 1 YEAR: Months 02 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Petty Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred A. HICKOK

14. MOTHER'S MAIDEN NAME: Eleanor JUDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: - - - - - - - -

17. INFORMANT & ADDRESS: Husband: Roger W. MARCOUX,

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF CERVIX WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 25, 1951

19b. MAJOR FINDINGS OF OPERATION: Same as above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1951, to Apr. 20, 1952, that I last saw the deceased alive on Apr. 20, 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: R. [illegible], LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: April 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF: Apr. 21, 1952 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Katonah, New York

DATE REC'D BY LOCAL REG.: Apr. 21, 1952 REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, [illegible] Wisconsin Avenue, Bethesda, Maryland

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APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. — LENGTH OF STAY (in this place) 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp. Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Wash. D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.

STREET ADDRESS (If rural, give location) 308 E. Capital St. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS Hours Min
Eva Elizabeth McCall	4 11 19 52	Female	White	Married	11-24-86	65 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Baltimore, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel F. Peal	Sarah Cawhower

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Records at Washington San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Terminal
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	? Years
DUE TO		
	(c) Hypertension	? Years

II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma - Diverticulosis.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: from Left Breast — 20 AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5/10/, 1951, to 4/11, 1952, that I last saw the deceased alive on 4/11, 1952, and that death occurred at 8:25 P.M., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) Robert A. Hare M.D. ADDRESS Takoma Park, Md DATE SIGNED 4/11/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April-15-1952	Cedar Hill Cem	Burial Georges Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-12-52	J. Wilson Dodd	S.H. Hines Co.	01-11th. St. N.W. Wash. D.C.

VS. A16 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Rural

LENGTH OF STAY (in this place) [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 4801 Connecticut Avenue, N.W.

3. NAME OF DECEASED. (Type or Print) (First) Virginia (Middle) Cosdidt (Last) MERRING

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 19

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married **8. DATE OF BIRTH:** June 15, 1[illegible]9 **9. AGE last birthday.** 52 yrs. IF UNDER 1 YEAR: Months 10 Days 27 Hours IF UNDER 24 HRS: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** - - - - - - - **11. BIRTHPLACE** (State or foreign country) Washington, D.C. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: John COSDIDT **14. MOTHER'S MAIDEN NAME:** Florence WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) - - - - - - - - - - - - - - - **16. SOCIAL SECURITY No.:** **17. INFORMANT & ADDRESS:** Husband: Harry I. MERRING,

18. MEDICAL CERTIFICATION same as item [illegible]

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CIRRHOSIS, LIVER, LAENNEC'S 1 yr.

581.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1952, to Apr. 22, 1952, that I last saw the deceased alive on Apr. [illegible], 1952, and that death occurred at 6:12 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED April 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF Apr. 24, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. Apr. 22, 1952 REGISTRAR'S SIGNATURE Edith Whittington **24. FUNERAL DIRECTOR** Jos. Gawler's Sons Funeral Home, ADDRESS 1756 Pennsylvania Ave., NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 [illegible]51

RECEIVED
APR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2102 Dexter Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2102 Dexter Ave.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Daniel (Last) Miller
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 31, 1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agency Director (ret.)
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Shamokin, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel S. Miller
14. MOTHER'S MAIDEN NAME Elmira Schwartz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 2102 Dexter Ave. Estella L. Miller Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pyelonephritis c̄ Uremia	2 wks.
81X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of bladder	3½ yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to April, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 6 24 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D.
ADDRESS 1809 Seminary Rd. Silver Spring, Md.
DATE SIGNED 4-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 4-14-52
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Geo. Co. Maryland
DATE REC'D BY LOCAL REG. 4/11/52
REGISTRAR'S SIGNATURE Frances Otter
24. FUNERAL DIRECTOR Warren C. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

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RECEIVED
APR 14 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death and age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park — LENGTH OF STAY (in this place) 34 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 105 Grant Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Berry (Last) Miller.

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1952.

5. SEX: M

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower.

8. DATE OF BIRTH: 12-6-82.

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Yorke Co. S.C.

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: William J. Miller.

14. MOTHER'S MAIDEN NAME: Frances Hicklan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis (acute) — 8-10 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Heart Disease

DUE TO

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Generalized Rheumatoid & atrophic arthritis

19a. DATE OF OPERATION: 4-21-52

19b. MAJOR FINDINGS OF OPERATION: Rt. Renal Calculus

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-, 1952, to 4-22, 1952, that I last saw the deceased alive on 4-21-, 1952, and that death occurred at 1:20 a.m., from the causes and on the date stated above

SIGNATURE (DEGREE OR TITLE) Ferdinand Adelbert M.D. — ADDRESS 1835 Eye St. NW. DC. — DATE SIGNED 4-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-25-52 — NAME OF CEMETERY OR CREMATORY George Washington Mem. Park — LOCATION (City, town, or county) Prince Geo. Co. Md. (State)

DATE REC'D BY LOCAL REG. 4-28-52 — REGISTRAR'S SIGNATURE [illegible] — **24. FUNERAL DIRECTOR** ADDRESS 8434 Georgia Ave. Silver Spring, Md. — Warner C. Pumphrey Silver Spring, Md.

RECEIVED
APR 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ____ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ____ LENGTH OF STAY (in this place) ____
HOSPITAL OR INSTITUTION OR STREET ADDRESS ____

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ____ COUNTY ____
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ____
STREET ADDRESS (If rural, give location) ____

3. NAME OF DECEASED (Type or Print): (First) ____ (Middle) ____ (Last) ____
4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible]	[illegible]	

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ulcer of Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Bronchitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 26, 1952, to Apr 26 1952 that I last saw the deceased alive on Apr 26, 1952, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: Smithsburg, Md. DATE SIGNED: Apr 30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	[illegible]	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30, 1952	[illegible]	[illegible]	[illegible]

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nat. Institute of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2607 Nicholson Street

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) Lester (Last) MOHSBERG
4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-13-1885
9. AGE last birthday: 66 yrs. If under 1 year: Months 8 Days 28 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Asbestos worker
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustiss Mohsburg
14. MOTHER'S MAIDEN NAME: Clara Virginia Fleishman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-09-6160
17. INFORMANT: Mrs. Mary H. Mohsberg-wife-same #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thoracic hemorrhage due to crushed

Antecedent cause(s) (b) Chest & rupture of heart

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: multiple fraction of pelvis & left thigh

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hoop Building (CITY OR TOWN) Bethesda (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 11-52 - 1 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell down elevator shaft in new Hoop Building

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: Frank J. Brosshart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 4-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial-transit
DATE THEREOF: 4-15-1952
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Martinsburg West Va.

DATE REC'D BY LOCAL REG.: 4/12/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1 PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6410 Connecticut

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8215 Schuyler St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	Frederick	Morgan	Apr	24	1952

5 SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specify	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	If under 24 hrs Days	Hours	Min
Male	white	Married	3-25-1916	36 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
Retired	Navy Dept. U.S.N.	Va	U.S.A.

13. FATHER'S NAME Thomas B. Morgan
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I
16 SOCIAL SECURITY NO.
17 INFORMANT AND ADDRESS J.H. Morgan, Laurel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		Unk.
	(c)		

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a DATE OF OPERATION	19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) Hour	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Talbert	M.D.	Gaithersburg Md	4-24-52

23 BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/52			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A-1

RECEIVED
NOV 28 1952
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH
Bureau of Vital Statistics

COPY OF CERTIFICATE OF DEATH

(NOTE - This is not a legal document)

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place): 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6410 Conn. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8215 Schrider St

3. NAME OF DECEASED (Type or Print): First: Charles (Middle): Frederick (Last): Morgan
4. DATE OF DEATH (Month) (Day) (Year): Apr. 24 1952
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-25-1916
9. AGE last birthday: 36 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Operation Research Office J.H.U.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas B. Morgan
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes Ed War II
16. SOCIAL SECURITY No.:
17. INFORMANT: J. H. Univ Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ inspected the deceased ~~from~~ , 19 , to , 19 , that I last saw the deceased ~~alive on~~ + death in my opinion resulted from natural causes , 19 , and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank J. Broschart M.D. ADDRESS: Gaithersburg, Md DATE SIGNED: 4-24-52

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG: 4/25/52 REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

25. Certificate as correct to County Registrar by Bessie M. Thompson Local Registrar

VS. A16

Calling Dr. Fisher about the disposition of the body on this death certificate.

Please do not handle until we get this information.

M. Babylon
4/29/52

4/25/52

This certificate is not complete as the Coroner told Walter Reed Ambulance attendant he would release the body — they got a permit from police Station —

I called W.R Hosp. today & told them the death certificate should be signed & they said they had no authority to sign the death cert.

What steps, if any, should I do in a case of this kind?

Bessie M Thompson
Registration 216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4804 - Enfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky; COUNTY Daviss
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owensboro -
STREET ADDRESS (If rural, give location) 128 - W. 15th -

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Ernest (Last) Morrison
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 19 Dec. 1864
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William M. Morrison
14. MOTHER'S MAIDEN NAME: Arenath E. Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Elizabeth L. Morrison (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Respiratory failure -	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardiac failure -	1 month
	(c)	Myocardial infarction	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 25 March 1952 to 25 April, 1952, that I last saw the deceased alive on 25 April, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE. Milton Zusack, M.D. (Degree or title) ADDRESS 108-E. Melbourn, Silver Spring, Md. DATE SIGNED Apr. 25 '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 29, 1952
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) (State) Daviess County, Kentucky

DATE REC'D BY LOCAL REG. 4/26/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert E. Crawford ADDRESS Bethesda, Md.

RECEIVED
APR 29 1952
BUREAU V. S.

SURNAME: film G142 5/15/52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) 1 4 3/4 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 3637 Brandywine Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Walter (Last) ~~MOUNTAIN~~ MOUNTIN

4. DATE OF DEATH: (Month) April 26, (Day) (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 05 Days 13 IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Officer, US Public Health Ser.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David ~~MOUNTAIN~~ MOUNTIN

14. MOTHER'S MAIDEN NAME: Margaret ~~GARBEY~~ Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I & II

16. SOCIAL SECURITY No.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Genevieve ~~MOUNTAIN~~, Mountin same as Item 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage, Subarachnoid — INTERVAL BETWEEN ONSET AND DEATH: 5 Hours

DUE TO

330 Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 26 19 52, to Apr. 26 19 52, that I last saw the deceased alive on Apr. 26, 19 52, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE R. O. Canada, Jr. (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED Apr. 27, 19

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF Apr. 27, 1952 NAME OF CEMETERY OR CREMATORY R.A. Pumphrey Funeral Home LOCATION (City, town, or county) Bethesda, Maryland (State)

DATE REC'D BY LOCAL REG. Apr. 27, 1952 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home, ADDRESS Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

RECEIVED
APR 29 1952
BUREAU V. S.

Item 9 Film 3142 4/28/52 wbw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04360

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seneca; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Germantown R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca; STREET ADDRESS (If rural, give location) Germantown, R.F.D. #3

3. NAME OF (Type or Print): (First) James (Middle) (Last) Murray

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 18, 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Farm)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Seneca, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Robert Murray

14. MOTHER'S MAIDEN NAME: Mary Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Robert Murray (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		Interval Between Onset and Death
Immediate cause	(a) Acute rheumatic pericarditis	24-48 hours
Antecedent cause(s) D seases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Rheumatic Endocarditis	2 weeks
	(c) Heart disease	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1952, to April 15, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: J. Wain Tyler M.D. ADDRESS: 7-Eroica Ave., Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-18-52

NAME OF CEMETERY OR CREMATORY: Seneca

LOCATION (City, town, or county) (State): Seneca, Md

DATE REC'D BY LOCAL REG. 4-18-52

REGISTRAR'S SIGNATURE: Helen L. Eckenfelder

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md

RECEIVED
APR 21
BUREAU V. S.

VS. A15 8-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (In this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 2827 Hillcrest Drive, S.E.

3. NAME OF DECEASED: (Type or Print) (First) Reid (Middle) F. (Last) MURRAY

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1887

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months 06 Days 13 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Congressman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George V. MURRAY

14. MOTHER'S MAIDEN NAME: Litty LIVERMORE

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Wife: Lyla G. MURRAY,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 wk.
592 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic Glomerulo-nephritis	3 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 19 52, to Apr. 29, 19 52, that I last saw the deceased alive on Apr. 29, 19 52, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE R. O. Canada, Jr., CDR, MC, USN (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED Apr. 29, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF Apr. 29, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Odgensburg, Wisconsin

DATE REC'D BY LOCAL REG. Apr. 29, 1952 — REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS Lee Funeral Home, 4th & Massachusetts Avenue, S.E., Washington, D.C.

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04362

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 McComas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1139 Chaplin St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Allison (Last) Myers
4. DATE OF DEATH: (Month) Apr (Day) 16 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 8-6-1905
9. AGE last birthday: 46 yrs. If under 1 year: Months 8 Days 10 If under 24 hrs: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): W. Va
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Wm E. Guy
14. MOTHER'S MAIDEN NAME: Emma Huff
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Wm K. Myers (husband) [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left breast with metastasis

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY Month (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and at the time my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: Frank J. Brosehart M.D. (Degree or title) ADDRESS: Gaithersburg Md DATE SIGNED: 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit
DATE THEREOF: 4-16-52
NAME OF CEMETERY OR CREMATORY: Bridgeport
LOCATION (City, town, or county): Belmont Co. (State): Ohio
DATE REC'D BY LOCAL REG: 4/18/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible] ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of the pecia.y important Physicians' please write the causes of death clearly and legibly

VS A1A

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OINEY
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) R #1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Neely
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12·24·70
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William M. Neely
14. MOTHER'S MAIDEN NAME Melissa Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiphlegia Sept.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks; 2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1952 to 4/20, 1952 that I last saw the deceased alive on 4/19, 1952 and that death occurred at 12:57 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Bird (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 4/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 21 1952
NAME OF CEMETERY OR CREMATORY Salem Brookville Md
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 4-20-52
REGISTRAR'S SIGNATURE Gertrude B Fawley
24. FUNERAL DIRECTOR Reg. W. Barber Laytonville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 23 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md. — LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Easley Street,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Maryland
STREET ADDRESS (If rural, give location) 708 Easley Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) NICHOLS

4. DATE OF DEATH: (Month) APRIL (Day) 5th (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-4-1866

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dickerson, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Nichols

14. MOTHER'S MAIDEN NAME: Annie Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: (Daughter) Md.
Mrs. Louis A. Dent-708 easley st., il. Spr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute Congestive Heart Failure	1 week
4 Antecedent cause(s) Diseases or cond.tions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	5 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1952, to 4-5, 1952, that I last saw the deceased alive on 4-5, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. B. Snow M.D. — ADDRESS: Silver Spring, Md. — DATE SIGNED: 4-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-8-1952 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY — LOCATION (City, town, or county) (State): SUITLAND, MD.

DATE REC'D BY LOCAL REG. 4-7-52 — REGISTRAR'S SIGNATURE: Frances Slater

24 FUNERAL DIRECTOR: Martial W. Tyson — ADDRESS: 1300 N. Street, N.W. WASHINGTON, D.C.

RECEIVED
APR 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21.8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Lonu; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...ilersbu... | LENGTH OF STAY (in this place) ...r ...0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE ...rla... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... ...ersbur...
STREET ADDRESS (If rural, give location)

3. NAME OF [redacted] (Type or Print): (First) ...lanche (Middle) Pillsbury (Last) ...orte
4. DATE OF DEATH: (Month) ... (Day) 4 (Year) 19...

5. SEX: ...ale | 6. COLOR OR RACE: ...ite | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ...ced | 8. DATE OF BIRTH: ...l 1...1 | 9. AGE last birthday: ... yrs. | If under 1 year: Months ... Days ... | If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ...
10b. KIND OF BUSINESS OR INDUSTRY: ...
11. BIRTHPLACE (State or foreign country): Heatsville, Va,
12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME: ...ard ...illsbury
14. MOTHER'S MAIDEN NAME: Fannie J. Dorter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ...
16. SOCIAL SECURITY NO.: ...
17. INFORMANT AND ADDRESS: Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ...

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... Cardio-myofibrosis 4/28/51 to 4/4/52

(c) ...

INTERVAL BETWEEN ONSET AND DEATH: ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ...
19b. MAJOR FINDINGS OF OPERATION: ...
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...
TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from 4-28-, 1951, to 4-4-, 1952, that I last saw the deceased alive on 4-3-1952, and that death occurred at 1.15 a. m., from the causes and on the date stated above.

SIGNATURE: William L. Yuter, M.D. (Degree or title) ADDRESS 7 Booker Ave, Gaithersburg, Md. DATE SIGNED 4/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) ... | DATE THEREOF ... | NAME OF CEMETERY OR CREMATORY ... | LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. Apr. 4, 1952 | REGISTRAR'S SIGNATURE Linda L. Yoke | 24. FUNERAL DIRECTOR ADDRESS ... J. Gartner, Gaithersburg, Md.

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9703 Colesville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9703 Colesville Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) XXXXXX Lawton (Last) Norwood 3rd

4. DATE OF DEATH (Month) Apr (Day) 19 (Year) 1952

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12-11-1934

9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired School student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington DC.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willard Norwood Sr.

14. MOTHER'S MAIDEN NAME Mildred Fenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Yes.

17. INFORMANT AND ADDRESS mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) Frank J. Bosshart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/22/52

NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 4-21-52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS ATM

RECEIVED
APR 23 1952
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

043.57

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE N.C. — COUNTY Durham

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Durham, Rural

STREET ADDRESS (If rural, give location): Box 253, Route 5, Roxboro Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Robert	Edwin	PALMSTROM	April	7,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	Sept. 21, 1920	31 yrs.	05	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Petty Officer	U.S. Navy	New York	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George D. PALMSTROM	Florence SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES	WW II	- - - - - - - - -	Wife: Dorothy PALMSTROM,

18. MEDICAL CERTIFICATION Same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 1 yr. 11 mo.

421.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Infarction myocardium — 1 yr 11 mo

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Apr. 7, 1952, that I last saw the deceased alive on Apr. 7, 1952, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
D. O'Hanian, LT, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	April 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE OF REMOVAL	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 7, 1952		Durham, North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 7, 1952	Hugh Willington	Robert A. Pumphrey Funeral Home	7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. Md
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6217 Wagner Lane, Wash, 16, D.C.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Jeanette (Last) Park
4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-15-71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John Trisler
14. MOTHER'S MAIDEN NAME: Mary J. Garrettson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Eugene Park - husband - same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis - Aut. Br. — Interval Between Onset and Death: Terminal

DUE TO

4201 Antecedent cause(s) (b) Arteriosclerosis - Generalized — ? Years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Bruce Benjamin M.D. ADDRESS Bethesda 14, Md. DATE SIGNED 4/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 28, 1952
NAME OF CEMETERY OR CREMATORY National Memorial Park
LOCATION (City, town, or county) Falls Church, Va. (State)

DATE REC'D BY LOCAL REG. April 25, 1952
REGISTRAR'S SIGNATURE J. Wilm Dodd
24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md. ADDRESS

VS. A15 (8-51)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1952
BUREAU W. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR Silver Spring
STREET ADDRESS (If rural, give location) 4206 Sudbury

3. NAME OF DECEASED (Type or Print) (First) BLANCHE (Middle) B (Last) PHILLIPS
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 17, 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Conners
14. MOTHER'S MAIDEN NAME Hester Connors ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Irma M Sanger 4206 Sudbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

Antecedent cause(s) (b) Chronic Nephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Cerebral Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [illegible] 7, 7, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-12-52
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 4, 52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave NW DC

RECEIVED
APR 14 1952
BUREAU V. S.

Item 21 Film G142 5-15-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND LENGTH OF STAY (in this place) 1 hr
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown - rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margarie (Middle) Drexel (Last) Plummer
4. DATE OF DEATH (Month) Apr (Day) 30 (Year) 1952
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 17 1910
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Elem. School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Geory Beckwith
14. MOTHER'S MAIDEN NAME Cora Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No
16. SOCIAL SECURITY No None
17. INFORMANT AND ADDRESS Sherman L. Plummer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest. Puncture of left
(c) Internal carotid artery — 1½ hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture left leg

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — CITY OR TOWN) M. Gaithersburg (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) Hour Apr 30-52 4:30 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? auto accident

22. I certify that I took charge of the remains described above, held on Autopsy ☒, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident ☒, suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or title) Frank J. Broschart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 4-30-52

23. BURIAL CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5-3-52 — NAME OF CEMETERY OR CREMATORY Brooke Grove — LOCATION (City, town, or county) Laytonsville, Md (State)

DATE REC'D BY LOCAL REG 5-5-52 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Robt. L. Snowden — ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAY 7
BUREAU V. S.

71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Virginia (Last) Pollen
4. DATE OF DEATH: (Month) [illegible] (Day) 29 (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: Oct 25-1870
9. AGE last birthday: 81 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible] York
11. BIRTHPLACE (State or foreign country): [illegible] Va.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: George [illegible] Pollen
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Methodist Home Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of sigmoid 3/7/52	53 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma [illegible] right femur 2/13/52	76 days
	(c) broken right femur - [illegible] leg	76 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-15-52
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): broken femur
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Church Home (CITY OR TOWN) Gaithersburg (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) (Day) (Year) (Hour): 7 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? walking across [illegible] she fell

22. I hereby certify that I attended the deceased from 2-13-1952 to 4-29, 1952, that I last saw the deceased alive on 4-28-, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: 7 Brooks Ave., Gaithersburg, Md. DATE SIGNED: 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF: [illegible]
NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: April 30, 1952
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1952
BUREAU V. S.

172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct one is specially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp. Olney Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Rt 2 Silver Spring

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore		Pries	April	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Single	2/27/27	25 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Musician		Pennsylvania	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harold Pries	Mary Shertzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Yes	Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hodgkin's Disease — 7 yrs.

211 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr., 1952, to April .., 19.52, that I last saw the deceased alive on April 16, 1952, and that death occurred at 4:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. D. Bonjack	M. D.	Sandy Spring Md.	4/16/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	April 17, 1952	Fort Lincoln Cemetery	Prince George's Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-18-52	Gertrude B. Fawley	Wheaton & Pumphrey	Silver Spring, Md.

Recd from Potter Silver Spring

RECEIVED
APR 23 1952
BUREAU

73

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10220 Grant Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10220 Grant Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Ashford (Last) Proctor
4. DATE OF DEATH (Month) April (Day) 23 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 29, 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY Life Insurance
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander M. Proctor
14. MOTHER'S MAIDEN NAME Annie E. Ashford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Span.-Am.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 10220 Grant Ave. Annie N. Proctor Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthmatic Bronchitis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52, 19 , to 4/23/52, 19 , that I last saw the deceased alive on 4/23/52, 19....., and that death occurred at 6 30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion Bankhead M.D. ADDRESS 9601 Sutton Rd. Silver Spring Md DATE SIGNED 4/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4-28-52 NAME OF CEMETERY OR CREMATORY Arlington Cemetery LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 4/24/52 REGISTRAR'S SIGNATURE Frances [illegible] 24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 1952
BUREAU K S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryn Mawr
STREET ADDRESS (If rural, give location) 808 Summit Grove Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) M. (Last) Pyle
4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 23 January 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Mechanical Engineer
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas E. Pyle
14. MOTHER'S MAIDEN NAME: Clara Humphrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 174-01-0641
17. INFORMANT & ADDRESS: Leslie C. Pyle, 1513 Red Oak Dr., Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Nephrosclerosis c̄ U Renea	1 yr
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	15 yrs
	DUE TO (c) Basal Hypertension	20 yrs

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease 2 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951 to 11 April, 1952, that I last saw the deceased alive on 11 April, 1952, and that death occurred at 11 35 P.M., from the causes and on the date stated above.

SIGNATURE Merton L. White (DEGREE OR TITLE) M.D. ADDRESS 9715 Georgia Ave Sl Md DATE SIGNED 11 April 52

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial
DATE THEREOF April 15, 1952
NAME OF CEMETERY OR CREMATORY Lower Merion Baptist Church Cem.
LOCATION (City, town, or county) (State) Bryn Mawr, Penna.
DATE REC'D BY LOCAL REG. 4/15/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner C. Humphrey
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-51

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 219

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sellman; LENGTH OF STAY (in this place) 38; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sellman; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) O (Last) Pyles

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/13/1882

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farm Owner, Not active

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry M Pyles

14. MOTHER'S MAIDEN NAME: Nancy E Pyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William O. Pyles, Sellman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — about (1) minute

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary arterio-sclerosis with myocardial insufficiency — 8 month

(c) Generalized Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to 27 Apr., 1952, that I last saw the deceased alive on 27 Apr, 1952, and that death occurred at 8.15 P m., from the causes and on the date stated above.

SIGNATURE: Gordon M Smith (Degree or title) M.D. ADDRESS: Barnesville DATE SIGNED: 28 Apr 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 30-52

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville, Md

DATE REC'D BY LOCAL REG.: April 29, 52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville, Md

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. (If rural, give location)

STREET ADDRESS 1120 D Street, S.E. D.C.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Daisy (Last) Quantrille

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-2-1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Woodfield

14. MOTHER'S MAIDEN NAME: Ellen Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington Sanitarium & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	Terminal
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Myocardial Heart Disease	years?
	DUE TO		
	(c)	Arteriosclerosis	years?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6/52, to 4/24/1952, that I last saw the deceased alive on 4/24/1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above

SIGNATURE Robert A Hare MD (DEGREE OR TITLE) ADDRESS Takoma Park, Md DATE SIGNED 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr. 27, 1952 NAME OF CEMETERY OR CREMATORY Washington Mem. Park LOCATION (City, town, or county) University Park, Md (State)

DATE REC'D BY LOCAL REG. April 24 1952 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Wm Lee & Sons Co ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRESTVIEW
LENGTH OF STAY (in this place) 2 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRESTVIEW
STREET ADDRESS (If rural, give location) 4 BERKLEY ST.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) SEBASTIAN (Last) RABA

4. DATE OF DEATH: (Month) APR. (Day) 20 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: AUG 6, 1898

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: NAVY YARD.

11. BIRTHPLACE (State or foreign country): WASHINGTON. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM F. RABA

14. MOTHER'S MAIDEN NAME: MARY C. HARRISON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: ELMER W. RABA 4 BERKLEY ST. CRESTVIEW MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Portal hypertension & acidosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CIRRhosis of LIVER

(c)

INTERVAL BETWEEN ONSET AND DEATH

5 x 1.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1952 to April 20 1952, that I last saw the deceased alive on April 20, 1952, and that death occurred at 12 05 A m., from the causes and on the date stated above.

SIGNATURE William Lewis M.D. (Degree or title) ADDRESS DATE SIGNED 4-20-52

23. BURIAL / CREMATION / REMOVAL (Specify) DATE THEREOF 4/20/52 NAME OF CEMETERY OR CREMATORY 37th & Eve. S.E. LOCATION (City, town, or county) (State) WASHINGTON, D.C.

DATE REC'D BY LOCAL REG. 4/21/52 REGISTRAR'S SIGNATURE Elsie M. Thompson

24. FUNERAL DIRECTOR, ADDRESS James J. Ryan Inc. 317 Pa. Ave SE Washington D.C.

RECEIVED
APR 23 1952
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Residence
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 160 Colony Rd. COUNTY Montgomery Co Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spr. Md
STREET ADDRESS (If rural, give location) 160 Colony Road

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Storm (Last) REED
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 11
8. DATE OF BIRTH 11-11-72
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RTL
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Louis R. Mo[illegible]
14. MOTHER'S MAIDEN NAME Lydia Storm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. X
17. INFORMANT AND ADDRESS J.W.B. Fund

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial sclerosis

(c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1941, to Apr 22, 1952, that I last saw the deceased alive on Apr 17, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE Myth Fo[illegible] (Degree or title) ADDRESS DATE SIGNED
Myth Fo[illegible] 1635 Harvard St Wash 7 DC 4 [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/25/52
NAME OF CEMETERY OR CREMATORY Mount Olivet
LOCATION (City, town, or county) (State) Frederick Maryland

DATE REC'D BY LOCAL REG. 4/23/52
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR The A. H. Hines Co. 2461 14th St. N.W. Wash. D.C.
ADDRESS

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4501 River Road

3. NAME OF DECEASED (Type or Print): (First) Millard; (Middle) Thomas; (Last) Rhodes

4. DATE OF DEATH: (Month) April; (Day) 24; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-24-1900

9. AGE last birthday: 52 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: UTILITY

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES J. RHODES

14. MOTHER'S MAIDEN NAME: SALLY HESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577 05 0864

17. INFORMANT AND ADDRESS: Charles E. Rhodes. 8217 Custer Road Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarct

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Essential

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1952, to 4-24, 1952, that I last saw the deceased alive on 4-24, 1952, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. P. Clendenin M.D. ADDRESS 4201 Leconte St. N.W. Washington D.C. DATE SIGNED 4-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4-26-52; NAME OF CEMETERY OR CREMATORY: F. S. Lincoln Cem.; LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. 4/25/52; REGISTRAR'S SIGNATURE: Bessie M. Hunt

24. FUNERAL DIRECTOR: The D. H. Hains Co. ADDRESS: 2901-14th St. N.W. Wash. D.C.

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04380

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2107 Belvedere Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2107 Belvedere Drive

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) Knapp (Last) Roos
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/5/07
9. AGE last birthday: 44 yrs — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Research-Engineering Mechanics
10b. KIND OF BUSINESS OR INDUSTRY: John Hopkins (Applied Physic Laboratory
11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Philip E. Roos
14. MOTHER'S MAIDEN NAME: Elsie Knapp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war, or dates of service): WW II
16. SOCIAL SECURITY NO.: 292-10-3996
17. INFORMANT AND ADDRESS: Mrs. Irene M. Roos, 2107 Belvedere Drive, Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — ½ hr.

420. / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Frank J. Broschart (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-1-52

23. BURIAL, CREMATION, REMOVAL, (Specify): Trans. & Burial — DATE THEREOF: 4/4/52 — NAME OF CEMETERY OR CREMATORY: Memorial Cemetery — LOCATION (City, town, or county) (State): Center County, Pennsylvania

DATE REC'D BY LOCAL REG: [illegible] — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Warren E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1A

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 Macomas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5014 Battery Lane

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) F. (Last) ROSENDORN
4. DATE OF DEATH (Month) March (Day) 29, (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 28, 1872
9. AGE last birthday 80 yrs. If under 1 year: Months 2 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ? Huber
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Albert Fresh Rosendorn 5014 Battery Lane Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-29-52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-1-52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REG. 4/1/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
APR 9 19[illegible]
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) E (Last) SCAGGS
4. DATE OF DEATH: (Month) (Day) (Year) APRIL 7 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 18, 1890
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howard Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Hines
14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Albert H. Scaggs, Scaggsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Virus Pneumonia	2 wks
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Virus Infection	1 Month
DUE TO			
	(c)	Hypertension Cardiovasc. Dis.	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis 10 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1937, to 4/7, 1952 that I last saw the deceased alive on 4/7, 1952, and that death occurred at 2:30 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) J. M. Warren, M.D. ADDRESS Laurel, Md. DATE SIGNED 4/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF April 10 1952 NAME OF CEMETERY OR CREMATORY Immanuel Cemetery LOCATION (City, town, or county) Scaggsville, Maryland (State)
DATE REC'D BY LOCAL REG. Apr 10-52 REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Lockwith Donaldson Laurel Maryland ADDRESS
4-12-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-51

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 15 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12018 Center Hill St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12018 Center Hill St.

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) (Last) Schleifman

4. DATE OF DEATH (Month) Apr (Day) 24 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 5 1916
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Schleifman Deceased
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Dead (If yes, give war or dates of service) 4/11
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Minnie Schleifman (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 4-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-27-52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG 4/25/52
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Golden Funeral Home
ADDRESS 4217 9th St N W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN ECHO HIGHTS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5803 NAMAKAGAN RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN ECHO HIGHTS MD.
STREET ADDRESS (If rural, give location) 5803 NAMAKAGAN RD.

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) CHRISTIAN (Last) SCHOTT
4. DATE OF DEATH (Month) APRIL (Day) 16 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR 19, 1892
9. AGE last birthday 60 yrs — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY GLASS
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JOHN SCHOTT
14. MOTHER'S MAIDEN NAME ROSALIE M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 577-10-0920
17. INFORMANT AND ADDRESS 5803 NAMAKAGAN RD. MAIT E. SCHOTT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Failure — 6 mos.

162A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiogenic Carcinoma — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION Oct. 13, 1948
19b. MAJOR FINDINGS OF OPERATION Lobectomy - Bronchiogenic Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to April 16, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE Samuel Diener, M.D. (Degree or title) ADDRESS 2808 Ordway St. N.W., Wash, D.C. DATE SIGNED April 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Apr. 9 1952
NAME OF CEMETERY OR CREMATORY CONGRESSIONAL CEMETARY
LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REG. 4/16/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR S.H. HINES CO 2901 14th ST N.W. WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
APR 18 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

.84

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is important. Physicians: please write the causes of death clearly and legibly.

VS. A18A

1. PLACE OF DEATH — COUNTY: Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — MARYLAND — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — STREET ADDRESS (If rural, give location): 700 Evesham Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sophie	Grebe	Schulz	Apr	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min
Female	white	Widow	2-26-67	85 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Balto. Md.	U.S.A.

13. FATHER'S NAME: Conrad Grebe

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: H. C. Heise Jr. — 1200 Edmondson Rd — Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Involved in auto accident 2 hrs before death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office, etc.) OF INJURY: Rt 29 near Seneca Bridge — (CITY OR TOWN) — (COUNTY): Howard — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 13 52 6:12 P m

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jas. J. Brockett	M.D.	Gaithersburg Md	4-13-52

23. BURIAL, CREMATION OR REMOVAL	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 16-1952	Baltimore	Baltimore	Maryland

DATE RECD BY LOCAL REGISTRAR: 4/15/52 — REGISTRAR'S SIGNATURE: K. D.

24. FUNERAL DIRECTOR — Burgee Funeral Home — ADDRESS: 3631 Falls Road

Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase

STREET ADDRESS (If rural, give location) 4504 Stanford Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Benson (Last) SCOTT

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27, 1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 3 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William SCOTT

14. MOTHER'S MAIDEN NAME: Clementine BENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: - - - - - - -

17. INFORMANT & ADDRESS: Wife: Edna K. SCOTT, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis, left — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis, general

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Myocardial infarctions

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY Month (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1952, to Apr. 24, 1952, that I last saw the deceased alive on Apr. 24, 1952, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE W. L. Hall (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. L. HALL, LTJG, MCR, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. April 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr. 28, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG Apr. 25, 1952 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 56223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-7-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanit Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE DC — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS 7921 Marlboro Pike SE. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) — (Last) Seaborn

4. DATE OF DEATH: (Month) April, (Day) 18, (Year) 1952

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-10-86

9. AGE last birthday. 66 yrs. IF UNDER 1 YEAR: Months — Days. IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District manager Life Insurance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Seaborn

14. MOTHER'S MAIDEN NAME: Sophie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Extensive Abdominal Adhesions

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to April 18, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 7 a m., from the causes and on the date stated above

SIGNATURE C. A. Hudson — (DEGREE OR TITLE) MD — ADDRESS Carroll Ave Takoma Park — DATE SIGNED 4-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-21-52 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. April 18 52 — REGISTRAR'S SIGNATURE J. W. Dudley Deputy

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 517 11 St SE Wash DC

RECEIVED
MAR 23 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 209 E. Melbourne

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) SEATON
4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-30-75
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Samuel Seaton
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Maurice Seaton 209 E. Melbourne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute heart failure — 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardio-vascular-renal disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15 , 1950, to 4/22 , 1952, that I last saw the deceased alive on 4/22 , 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald L. Worthington MD 6234 Ga Ave NW Wash. D.C. 4/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-24-52 | NAME OF CEMETERY OR CREMATORY: Middleburg | LOCATION (City, town, or county) (State): Middleburg Va

DATE REC'D BY LOCAL REG. 4/24/52 | REGISTRAR'S SIGNATURE: Samuel Tolbert | 24. FUNERAL DIRECTOR ADDRESS: Deal Funeral Home 48 & Ga Ave Wash. DC

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 12 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Pickwick Lane	STREET ADDRESS (If rural, give location) 603 Pickwick Lane

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) Leo	(Last) SHARKEY	4. DATE OF DEATH	(Month) April (Day) 27, (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-12-1899	9. AGE last birthday 53 yrs.	If under 1 year Months 9 Days 15 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army Man Service-Ret.	10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.	11. BIRTHPLACE (State or foreign country) Lynn, Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Patrick Sharkey	14. MOTHER'S MAIDEN NAME Mary ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Eleanore A. Sharkey-same #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Ventricular standstill	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary thrombosis	1 wk.
(c)	Coronary heart disease.	6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/6, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/27/52, 19 , and that death occurred at 8:45P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard Walsh	M.D.	900-17th N.W. W.D.C.	4/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-30-1952	NAME OF CEMETERY OR CREMATORY Monocacy	LOCATION (City, town, or county) Beallsville (State) Maryland
DATE REC'D BY LOCAL REG. 4/29/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Robert A. Lumpkey - Bethesda, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 1 19[illegible]
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 1 YR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 HUDSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 16 CHANNING ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) LOUISE (Last) SHENTON
4. DATE OF DEATH: (Month) APRIL (Day) 26, (Year) 1952.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 21, 1871
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID HILL
14. MOTHER'S MAIDEN NAME: MARTHA RIGGS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miller Shimer, 1500 Mass. Ave. NW Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

232 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerosis, cerebral and general, from stroke

DUE TO (c) Hypertension and vascular degeneration

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tissue breakdown c̄ large spontaneity when vessels

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
CITY OR TOWN (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Mar, 1952, to Apr 26 1952, that I last saw the deceased alive on Apr 27, 1952, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) Ind. ADDRESS 500 Underwood St NW DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 28, 1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Geo. County, (State) Maryland

DATE REC'D BY LOCAL REG. April 26 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS 254 CARROLL ST. N.W., TAKOMA PARK 12, D.C.

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6604 Westmoreland, Ave.

3. NAME OF DECEASED: (Type or Print) (First) Claudia (Middle) Stella (Last) Shreve
4. DATE OF DEATH: Month 4 (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-16-81
9. AGE last birthday: 70 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 4
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dickerson, Md.
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: John T. Heffner
14. MOTHER'S MAIDEN NAME: Martha Trundle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wash. San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Terminal Pneumonia	24 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cerebral vascular accident	5 days
	DUE TO (c)	Essential Hypertension	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1952, to April 11, 1952, that I last saw the deceased alive on April 10, 1952, and that death occurred at 8 15 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS 1833 - Monroe St. N.E. Wash. DC 4 DATE SIGNED 11 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr 14 52
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville (State) Md

DATE REC'D BY LOCAL REG. April 14-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 1-51

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APR 15 1952
BUREAU V. S.

Item 21 Film 3142 5-9-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grace Church Rd. + Ga. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9400 Woodland Drive

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Howard (Last) Smith

4. DATE OF DEATH (Month) Apr (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4/6/03
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor
10b. KIND OF BUSINESS OR INDUSTRY U.S. Government
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME G. Clifford Smith
14. MOTHER'S MAIDEN NAME Alice F. Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-40-6921
17. INFORMANT AND ADDRESS 9400 Woodland Drive Mrs. Doris E. Smith, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thoracic hemorrhage due to
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest (left)
(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY street
(CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) Apr (Day) 28-52 (Year) 6 P.m. (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident Collision with another auto.

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE Frank J. Broschart (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 4-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/1/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Geo. County, (State) Md.

DATE REC'D BY LOCAL REG. Apr 30/52
REGISTRAR'S SIGNATURE Frances Fatter
24. FUNERAL DIRECTOR Warner & Humphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

1

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 73 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington (If rural, give location)
STREET ADDRESS 210 Rhode Island Ave.

3. NAME OF DECEASED: (Type or Print) (First) Wm Drilliam (Middle) Harry (Last) Smith

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1952

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-24-85
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Medical Supplies
11. BIRTHPLACE (State or foreign country) Winchester Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. H. Smith, Sr.
14. MOTHER'S MAIDEN NAME: Nannie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Pts. Chart / M. Mandel, R.N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Addisons Disease — INTERVAL BETWEEN ONSET AND DEATH: Months

0024

Antecedent cause(s) DUE TO (b) Pulmonary Tuberculosis — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Arteriosclerosis — Years.

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1952, to 4-11, 1952, that I last saw the deceased alive on 4-11, 1952, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE Robert A Hare M.D. (DEGREE OR TITLE) ADDRESS Takoma Park, Md DATE SIGNED 4/11/52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 4-11-52 REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR [illegible] ADDRESS TAKOMA PK

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 14 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY Shenandoah
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toms Brook
STREET ADDRESS (If rural, give location) None.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Luther (Last) Snarr
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 14 - 1859
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY: Rural Mail Carrier
11. BIRTHPLACE (State or foreign country): Toms Brook Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Snarr
14. MOTHER'S MAIDEN NAME: Lydia Feller.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No -
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Son - R. Raymond Snarr 4112 Legation St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Post-operative shock — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of descending colon — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old age.

19a. DATE OF OPERATION: Apr. 15, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma descending colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1952, to 4-15-, 1952, that I last saw the deceased alive on 4-15-, 1952, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE C. Edwin McNamara (DEGREE OR TITLE) ADDRESS M.D. DATE SIGNED 4-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF April 17 1952 NAME OF CEMETERY OR CREMATORY Toms Brook Cemetery LOCATION (City, town, or county) Toms Brook (State) Va.
DATE REC'D BY LOCAL REG. 4/22/52 REGISTRAR'S SIGNATURE Bessie Thompson
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md
By E. L. Dellinger

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

COPY SENT TO LOCAL REGISTRAR No. ____ DATE 4-22-52

RECEIVED

APR 22 1952

BUREAU V. S.

94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.23

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 28 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fair Hill Rest Home, 207 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2509 North Capitol Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Grace Sturtevant
4. DATE OF DEATH (Month) (Day) (Year): April 26 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 10, 1862
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hudson, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Evans
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. S. Christiansen, 207 Hudson Ave. Takoma Park.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic heart disease with — years.

42.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial insufficiency — 5 days.

(c) Generalized arterio sclerosis — years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 2 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1950, to April 26, 1952, that I last saw the deceased alive on April 24, 1952, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) N. Mook M.D. — ADDRESS: 7701 Carroll Ave. Takoma Park, Md. — DATE SIGNED: April 26, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: April 28, 1952 — NAME OF CEMETERY OR CREMATORY: [illegible] Crematory — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: April 26-1952 [signature] Dodd — 24. FUNERAL DIRECTOR: [illegible] Sons Co. — ADDRESS: 300 [illegible] Washington D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 8014 Maple Ave

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Walter (Last) Tate
4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9-14-50
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Pk. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Tate
14. MOTHER'S MAIDEN NAME Wanda Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wash. San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Heart failure	48 hrs
799 A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Niemann-Pick's Disease	1 yr.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/9/52
19b. MAJOR FINDINGS OF OPERATION Hyptalis. Spleens megaly
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1952, to 4/13, 1952, that I last saw the deceased alive on 4/13/, 1952, and that death occurred at 9:5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. S. Yeo M.D. 918 Ellsworth Dr. Silver Spring Md 4/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 15, 1952
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd., Pr. Geo. Co. (State) Md.
DATE REC'D BY LOCAL REG. 4-13-52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Elmer S. Bell Corp. ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1952
BUREAU V. S.

04396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laytonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lilly (Middle) Mae (Last) Thomas

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 5-30-08

9. AGE Last birthday 43 yrs. If under 1 year Months / If under 24 hrs Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY General Domestic

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Marshall Thomas

14. MOTHER'S MAIDEN NAME Minnie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to April 8, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 12:45a m., from the causes and on the date stated above.

SIGNATURE: H. D. Bryant (Degree or title) M.D. ADDRESS Sandy Spring, Md. DATE SIGNED 4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/12/52 | NAME OF CEMETERY OR CREMATORY Sandy Spring | LOCATION (City, town, or county) (State) Sandy Spring, Md

DATE REC'D BY LOCAL REG. 4-11-52 | REGISTRAR'S SIGNATURE Gertrude B. Lawson

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

RECEIVED
APR 17 1957
BUREAU U.S.

397

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4803 Morgan Drive

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Teresa (Last) TOBIN
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4-1-1870
9. AGE last birthday: 82 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lawrence Farrell
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Capt. Tobin - Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset and Death: 2 days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Genl Arteriosclerosis — 26 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952 to 1 April 1952 that I last saw the deceased alive on April, 1952, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Rockville Md DATE SIGNED: 1 April 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-4-52
NAME OF CEMETERY OR CREMATORY: Highland Burial Park
LOCATION (City, town, or county) (State): Pittsylvania Co. Virginia

DATE REC'D BY LOCAL REG.: 4/2/52
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: F. W. Townes & Son ADDRESS: 635 Main St., Danville, Virginia

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01398

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural

LENGTH OF STAY (in this place) 1 mo. 4 [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

STREET ADDRESS (If rural, give location) 300 Prince George Street

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Mumford (Last) UPSHUR

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 9, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 0, Days [illegible] IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William MUMFORD

14. MOTHER'S MAIDEN NAME: Fannie BALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - - - - -

17. INFORMANT & ADDRESS: Friend: Robert H. MAURY, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Nephrosclerosis, Arteriolar #4960	16 days
171X Antecedent cause(s)	DUE TO (b)	Hypertensive Cardiovascular Disease, Benign #4930	Unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Carcinoma, Cervix, n.e.c. (Squamous Cell) #1490	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 5, 19 52, to Apr. 9, 19 52, that I last saw the deceased alive on Apr. 9, 19 52, and that death occurred at 7:41 P.m., from the causes and on the date stated above.

SIGNATURE I. M. HARRIS, CAPT, MC, USN (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED April 10, 19[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Apr. 12, 1952 NAME OF CEMETERY OR CREMATORY US Naval Academy Cemetery LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. Apr. 10, 1952 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR John M. Taylor & Son Funeral Home, Annapolis, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SAN. & HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 812 WOODSIDE PARKWAY

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) ANNA (Last) VECHERY
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (State) MARRIED
8. DATE OF BIRTH: 3-26-12
9. AGE last birthday: 40 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWF
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): YORK, Penn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALBIN ARNOLD THOMAS
14. MOTHER'S MAIDEN NAME: ALICE WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: RECORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
204.2
Antecedent cause(s) (b) Subacute Monocytic Leukemia — 4 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1952, to 4-12, 1952, that I last saw the deceased alive on 4-11, 1952 and that death occurred at 4:05 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: 504 Lulife Ave. Takoma Park, Md. DATE SIGNED: 4-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 15, 1952
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: April 14-1952
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Warner C. Humphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

VS. A15 (8-51)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 17 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-57m

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 mo. 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 31 C Connecticut Avenue, N.W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day), (Year)
Nancy	Norris	WARE	April 16, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Widowed	Feb. 24, 1800	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Denton S. NORRIS	Louise McCONKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	- - - - - - - - -	Daughter: Mrs. C. R. WATTS,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF BREAST WITH GENERALIZED METASTASES	1 yr.
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1952, to Apr. 16, 1952, that I last saw the deceased alive on Apr. 16, 1952, and that death occurred at 5:33 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
H. E. Rees	LCDR, MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND	Apr. 17, 19 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION City, town, or county) (State)
	Apr. 16, 1952	Ft. Rosecrans National	San Diego, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
Apr. 17, 1952	Edith Whittington	Jos. Gawler's Sons, 17th & Pennsylvania Avenue, N.W., Washington, D.C.	

8 1962
BUREAU V. S.

Item 8 Film 142 5/1/52 whw

401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Clifford (Last) Waters
4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 11.22.92
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Thomas W. Waters
14. MOTHER'S MAIDEN NAME: Emma Magruder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	5 yrs
	(c) Apoplexy, old	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Apl., 1952, that I last saw the deceased alive on Apl 17, 1952, and that death occurred at 5:50 P m, from the causes and on the date stated above.

SIGNATURE: A. Bonifacio (Degree or title) MD ADDRESS: Sandy Spring Md. DATE SIGNED: 4/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 19, 1952
NAME OF CEMETERY OR CREMATORY: John Olney Md
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 4-18-52
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Roy W Barber
ADDRESS: Louisville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 23 1952
BUREAU, N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4740 Woodbury

3. NAME OF DECEASED (Type or Print): (First) Claudia (Middle) Pauline (Last) Wheeler

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-13-22
9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Roggins
14. MOTHER'S MAIDEN NAME: IRis Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Undetermined Prob. Pulmonary Embolus	10 min
684X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Normal Delivery 4/16/52. Tubal Ligation 4/17/52	
	(c) Retinitis Pigmentosa	4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/17/52
19b. MAJOR FINDINGS OF OPERATION: Normal Uterus Enlarged Tubes Ligated
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 4/17/ , 1952, to 4/18/ , 1952, that I last saw the deceased alive on 4/17/ , 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Sandy Spring DATE SIGNED: 4/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/18/52.
NAME OF CEMETERY OR CREMATORY: Spartansburg
LOCATION (City, town, or county): Spartansburg (State): So. Carolina

DATE REC'D BY LOCAL REG.: 4-21-52
REGISTRAR'S SIGNATURE: Gertrude B. Landy
24. FUNERAL DIRECTOR: J. S. Powers Sons
ADDRESS: 1754 Pa. Ave NW Exact. O.K.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A-6

RECEIVED
APR 28 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Jolliffe's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 9412 Woodland Drive

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Hoyle (Last) White

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/13/1882

9. AGE last birthday: 70 yrs; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Government

11. BIRTHPLACE (State or foreign country): Poolesville, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Walter White

14. MOTHER'S MAIDEN NAME: Cora Hoyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: 1800 Upshur St., N.W. Mrs. Virginia C. Thompson, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset and Death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 442 (b) Skull fx Cerebral vascular accident — Interval Between Onset and Death: just prior

(c) Hypertensive arteriosclerotic Cardio-vascular disease — Interval Between Onset and Death: yrs

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Fall

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to April 7, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 1:20 pm, from the causes and on the date stated above.

SIGNATURE: John D. Rogers M.D. (Degree or title) ADDRESS 6007 Laminay Rd. Silver Spring, Md. DATE SIGNED April 17 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/21/52; NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery; LOCATION (City, town, or county): Prince Geo. County; (State): Md.

DATE REC'D BY LOCAL REG.: 4/21/52; REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: Warren E. Humphrey; ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 23 1932
BUREAU V. S.

404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location): Olney Md

3. NAME OF DECEASED (Type or Print) (First) Georgia (Middle) S (Last) Wilkins
4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1952
5. SEX: X
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Motor
8. DATE OF BIRTH: 1/27/1871
9. AGE last birthday: 80 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel S Spaulding
14. MOTHER'S MAIDEN NAME: Sarah McCormack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Wilkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	16 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1952, to 4/27, 1952 that I last saw the deceased alive on 4/26, 1952, and that death occurred at 4.30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Md ADDRESS: Sandy Spring Md DATE SIGNED: 4/27/52

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF: 4-29-52 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 4-27-52 | REGISTRAR'S SIGNATURE: Gertrude B. Lawler | 24. FUNERAL DIRECTOR: Wm Cook Inc | ADDRESS: 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase — LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 Rosemary St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 14 Rosemary St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Wilson
4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-3-1918
9. AGE last birthday: 34 yrs. — If under 1 year: Months 0, Days 24 — If under 24 hrs: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Information employer
10b. KIND OF BUSINESS OR INDUSTRY: O.P.A.
11. BIRTHPLACE (State or foreign country): Minn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mervin L. Wilson
14. MOTHER'S MAIDEN NAME: Ida E. Morse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure due to — 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Sclerosis — 9 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___ Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ___, homicide ___, undetermined ___*

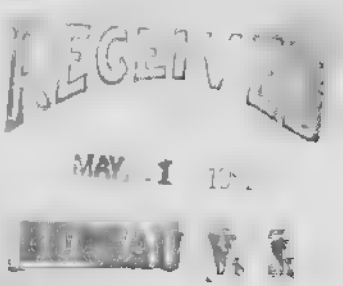
SIGNATURE (Degree or title): Frank J. Broschart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-27-52

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-29-52 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 4/29/52 — REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
MAY 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

01406

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 5904 Crawford Drive

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) James (Last) WINCHESTER Jenson #1

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 12, 1952
9. AGE last birthday: ✓ 00 yrs; IF UNDER 1 YEAR Months 00 Days 12; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel WINCHESTER
14. MOTHER'S MAIDEN NAME: Helane SCHNEIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY No.: - - - - - - - -
17. INFORMANT & ADDRESS: Father: Samuel WINCHESTER,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Immaturity
DUE TO
762.5 Antecedent cause(s) (b) Prematurity
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, Bilateral

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 19 52, to Apr. 24, 19 52, that I last saw the deceased alive on Apr. 24, 19 52, and that death occurred at 4:48 P.m., from the causes and on the date stated above.

SIGNATURE Nederstrom (DEGREE OR TITLE) ADDRESS DATE SIGNED
D. [illegible], MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. Apr. 25, 19[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF Apr. 26, 1952
NAME OF CEMETERY OR CREMATORY USN Medical School
LOCATION (City, town, or county) Bethesda, Maryland (State)
DATE REC'D BY LOCAL REG. Apr. 25, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR NONE
ADDRESS

2242462 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8 51

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

4317

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL) or TOWN Quince Orchard; LENGTH OF STAY (In this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg, R.7. D 3; STATE Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL) or TOWN Quince Orchard; STREET ADDRESS (If rural, give location) Gaithersburg, R.7. D 3

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Wood

4. DATE OF DEATH: (Month) Apr (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 26, 1886

9. AGE last birthday: 65 yrs; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Helper

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Millie Gillis Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mary Wood (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Cardiac Failure.	3 hrs.
47 4 Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Salvular heart disease	5 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg md DATE SIGNED: 4-5-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 4/9/52 | NAME OF CEMETERY OR CREMATORY: Quince Orchard | LOCATION (City, town, or county) (State): Quince Orchard, Md

DATE REC'D BY LOCAL REG: 4/9/52 | REGISTRAR'S SIGNATURE: Peter J. Eckenfelder. per P.V. | 24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville Md

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Mont[illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs: Hours [illegible] Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Francis [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
279X	Immediate cause	(a) Ileus - starvation	10 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1st 2nd + 3rd degree burns	3 mo.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home
(CITY OR TOWN): Washington Grove (COUNTY): Montg. (STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 8-52 - 11:12 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted burns

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐

SIGNATURE (Degree or title): Frank J. Broschart M.D.
ADDRESS: Gaithersburg md
DATE SIGNED: 4-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: [illegible]
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG: Apr 7, 1952
REGISTRAR'S SIGNATURE: Amida G. Cooke
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly

VS. A15A

IVED
1952
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04409

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KANSAS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MONTGOMERY — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING, MD
STREET ADDRESS (If rural, give location): KANSAS AVE

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ISAAC	JULIUS	YOUNG		APRIL	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	MARRIED	3-8-1880	72 yrs.	—	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer in Coal Yard	COAL	CAROLINE Co. VA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
YOUNG	MARY SUSAN YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO —	214-03-8521	MRS ISAAC YOUNG c/o DAVID YOUNG 6135 BROOKVILLE RD SILVER SPRING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION	5 MIN.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) STRANGULATED INGUINAL HERNIA	21 DAYS.
561.0	(c) OPERATION - HERNIORRAHPHY	17 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PERITEONITIS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-18-52	HERNIA INCARCERATED PERITEONITIS —	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 3-17-52 19..., to 4-4, 1952, that I last saw the deceased alive on 4-8, 1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.W. Mitchell	M.D.	8065-13th St., SILVER SPRING, MD	4-4-52

23. BURIAL / CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4-7-52	MT. ZION CHURCH CEMETERY	SILVER SPRING, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/52	Frances Potter	Ruck Dabney	442 M St N.W. Wash, D.C.

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BUREAU V. S.

Item 9 Film 140 4/14/52 whw

04410

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓ | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Creek Forest
STREET ADDRESS (If rural, give location) 8104 Lary Pl

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Raedy (Last) Zimmerman
4. DATE OF DEATH (Month) Apr. (Day) 5 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Apr 20 1894
9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge
10b. KIND OF BUSINESS OR INDUSTRY Govt
11. BIRTHPLACE (State or foreign country) D. C
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Michael L Raedy
14. MOTHER'S MAIDEN NAME Mary W Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Johnston R Zimmerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Pancreas	1 yr.
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/12/51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) Washington D.C. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1952, to Apr. 5, 1952, that I last saw the deceased alive on Apr. 5, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip H. Varner, M.D. ADDRESS DATE SIGNED 4/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-7-52 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cem | LOCATION (City, town, or county) Wash D. C (State)

DATE REC'D BY LOCAL REG. 4/7/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR W K Huntington & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 9 1952
BUREAU V. S.